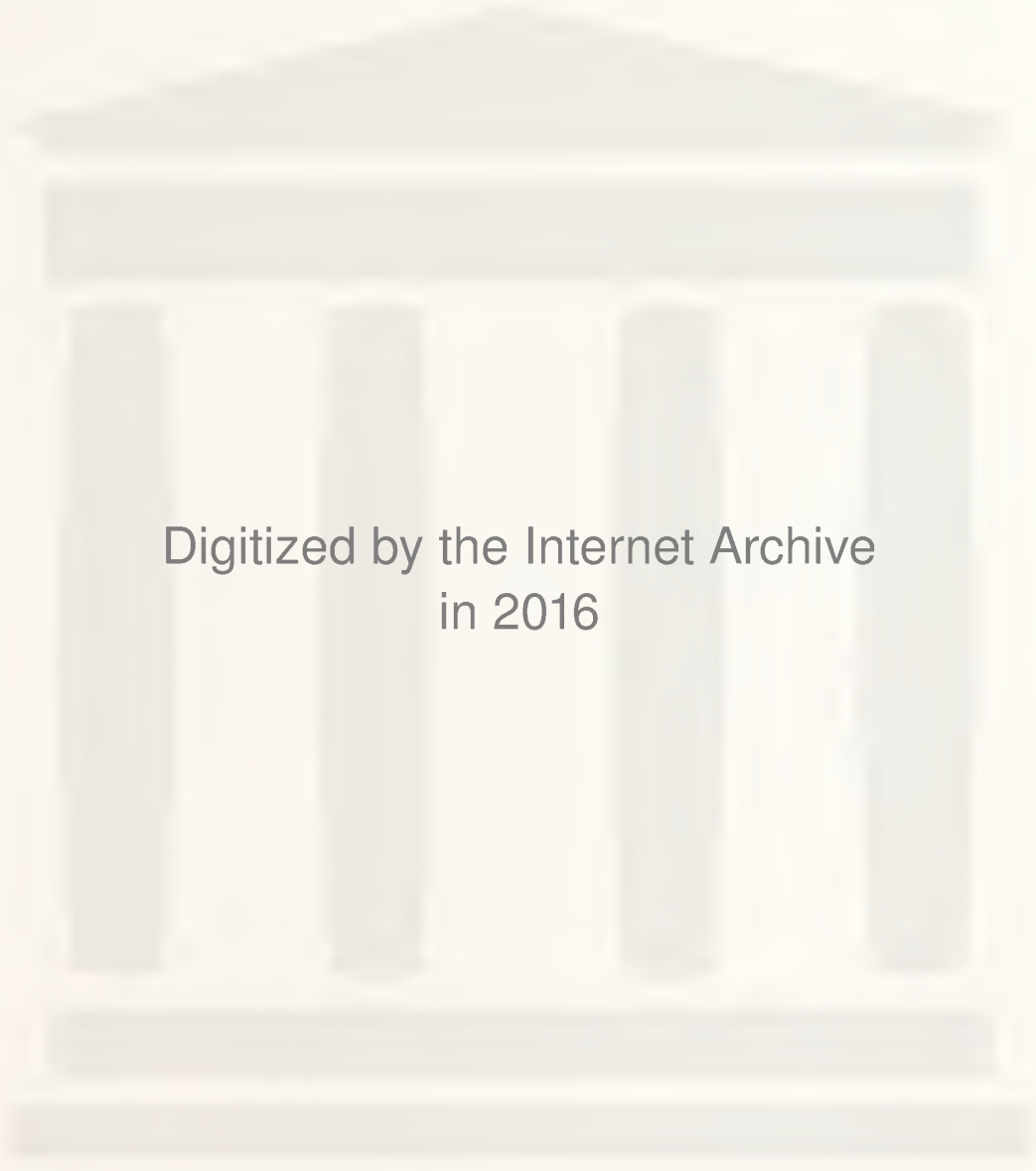

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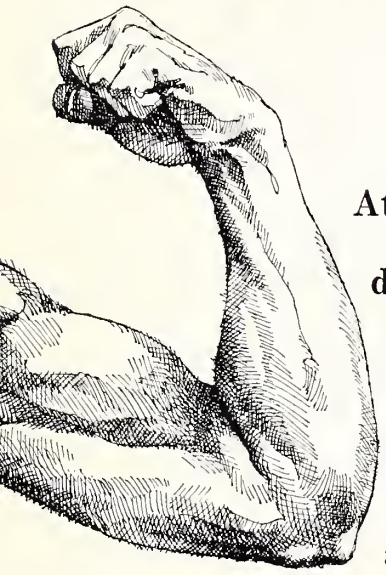
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Indianapolis, Indiana

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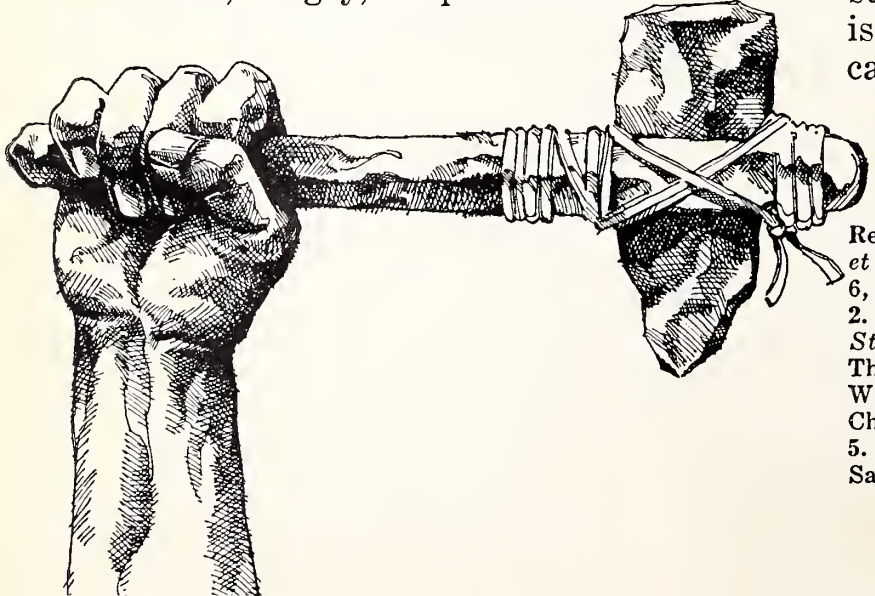
IF MORE MEN CRIED



At least seventy-five out of one hundred adults with duodenal ulcers are men.[1] Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."[2]

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."[2]

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."[3]



Big boys don't cry. If more men cried maybe fewer would wind up with duodena ulcers. But men will be men—the sum total o their genes and what the are taught. Schottstaed observes that when a mother admonishes he son who has hurt himsel that big boys don't cry, sh is teaching hin stoicism.[4] Crying is th negation of everythin society thinks of as manly A boy starts defending hi manhood at an early age

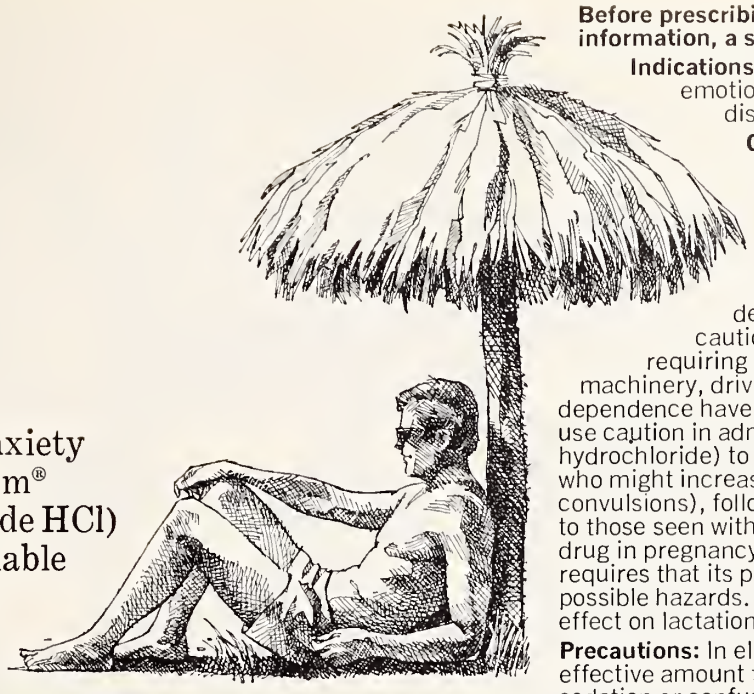


Take away stress you can take away symptoms

There is no question that stress plays a role in the etiology of duodenal ulcer Alvarez[5] observes that many a man with a ulcer loses his symptoms the day he shuts u the office and starts out on a vacation. Th problem is, the type of man likely to have a ulcer is the type least likely to take lon vacations or take it easy at work.

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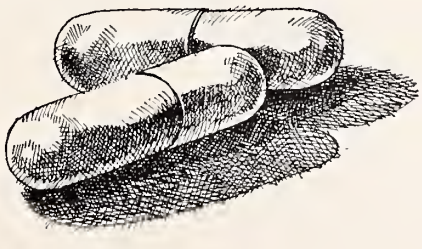
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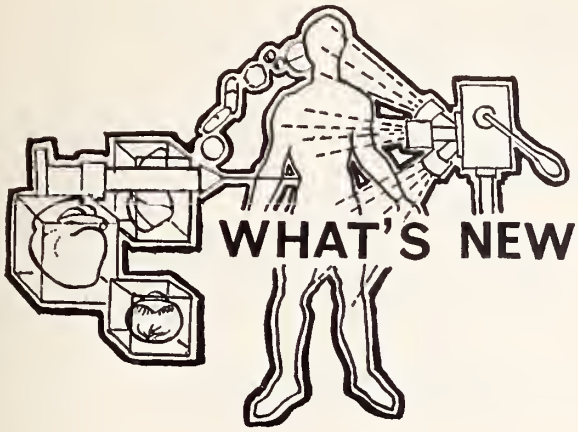
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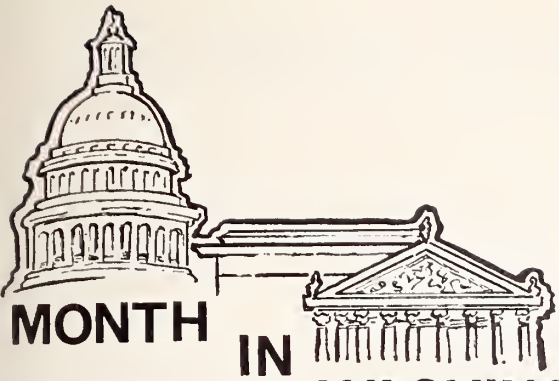
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the first of each month preceding month of issue.

WITH THE EXCEPTION of House-Senate conference resolution of legislation designed to step up the nation's efforts to find a cure for cancer, the 92nd Congress' activity in the area of health legislation in this session has probably ended.

SENATE CONSIDERATION of the Social Security Amendments (Medicare and Medicaid changes) has been postponed until after the first of the year. The House Ways and Means Committee hearings on national health insurance have come to a halt after six grueling weeks and executive sessions will not be scheduled until early 1972.

THE HOUSE approved 350-5 an expanded $1.6 billion cancer research program within the National Institutes of Health. The bill differs from a Senate measure which provided that the head of the National Cancer Institute report directly to the White House, by-passing the NIH director. Under the House bill, the Cancer Institute head would be elevated to Associate Director of NIH and the cancer budget would be handled separately by the President's Office of Budget and Management. A House-Senate conference must now determine how to reconcile the important organizational differences in the measures.

THE SENATE'S reluctance to come to grips with the Social Security Amendments of 1971—unfinished business in the last session of the previous Congress—has been attributed to wide disagreement among members as to how to proceed with that portion of the proposed legislation that would establish a new family assistance welfare plan.

ON THE POSITIVE SIDE, however, with respect to the 92nd Congress' attention to health matters is its success with legislation designed to sharply increase the training of physicians, nurses and other medical personnel.

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ISMA Committees and Commissions for 1971-1972

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Continued

ON SIGNING this legislation, President Nixon called on Congress to appropriate $350.2 million in additional funds to pay for the program for the rest of the fiscal year that runs through June 30, 1972.

THE MEASURE PROVIDES grants to medical schools and nursing schools to help finance additional construction and to encourage the enrollment of additional students. It also provides loans and grants directly to medical and nursing school students.

DR. MERLIN K. DuVAL, assistant HEW Secretary for Health and Scientific Affairs, said the nation faces a shortage of 50,000 physicians and as many as 200,000 nurses by the end of this decade unless action is taken.

DuVAL SAID the legislation could increase by about 1,200 first year enrollment of physician candidates in medical schools next year, a 10% increase in the first year places.

DuVAL PREDICTED that if HEW law is adequately funded each year it could eliminate the shortage of physicians by 1980. He said he was unable to make a similar prediction concerning the nursing shortage.

DRS. PARROTT, ROTH TESTIFY BEFORE HOUSE COMMITTEE

THE AMERICAN Medical Association's testimony before the House Ways and Means Committee hearings on national health insurance attracted for one of the few times during the marathon sessions most of the Committee members, though Chairman Wilbur Mills was away on the campaign trail.

THE AMA URGED adoption of its national health insurance proposal—Medicredit—as a program that "can be put into operation now."

THE AMA PROPOSAL, which offers both basic and catastrophic coverage for all Americans not covered by Medicare, was set forth in testimony before the House Ways and Means Committee by Dr. Max H. Parrott, Chairman of the AMA Board of Trustees, and Dr. Russell B. Roth, Speaker of the AMA House of Delegates.

"I DO NOT WANT to suggest to this Committee that our present system of health care is perfect. It is not. It needs modification and change. And it will serve people better with the kind of government supported health insurance we propose in our Medicredit bill," Dr. Parrott told the committee.

"IT (MEDICREDIT) avoids the mistake inherent in proposals such as H.R. 22 (the Kennedy-Labor bill), which would lock medicine into a rigid, monolithic, no choice, bureaucratic system before there is any real evidence that it would make things better," he said.

IN CONTRAST TO H.R. 22, Dr. Roth stated, Medicredit builds upon outstanding accomplishments of American medicine "which has shown a capability of being the best in the world."

"AND IT CAN be put into operation now. It has no dependence on untried theory or dubious economics. It does not require an unreasonable expenditure of federal dollars and it does not jeopardize the funding of other vitally necessary programs to improve the nation's health. It places emphasis on greater financial support for persons needing this assistance. It does not create an unreasonable, unrealistic and burdensome administrative bureaucracy," Dr. Roth added.

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THE AMA Medicredit proposal, whose 160 sponsors in Congress are the most for any national health insurance proposal, would provide both basic and catastrophic coverage for all Americans under age 65. (Medicare would continue for all those over 65.) It is based on a system of tax credits with the government paying the cost for those who have little or no income. The government would also pay the premiums on the catastrophic coverage for all citizens. (The AMA estimates Medicredit would cost about $14 billion a year. H.R. 22 would cost at least $60 billion a year in new tax money, according to a recent study by the Department of Health, Education, and Welfare).

UNDER ITS basic coverage, Medicredit provides comprehensive benefits in respect to hospital inpatient and outpatient services, as well as full physician services. Its catastrophic coverage includes full hospitalization and additional extended care, with a continuation of outpatient services and full physician services.

"IT PUTS these benefits within the reach of all Americans under age 65 as a prepaid insurance package," Dr. Roth told the committee. "The benefits are uniform for all citizens under the program. For those with little or no income the cost would be borne by the federal government from general revenues. For those with a capability to pay part of the costs, the program is realistically geared to encourage them to do so. The motivation for participation would, we believe, be especially strong because of our incorporation of tax credits."

DR. PARROTT, in his testimony, drew the attention of the committee to many achievements in American medicine:

"THOSE WHO CRITICIZE our system of medicine imply that it is static and must be replaced. Let me call your attention to some of the salient accomplishments of our pluralistic medical system. Accomplishments that are obscured by a disaster lobby which stridently proclaims a need for revolutionary change.

"PROBABLY our highest achievement is in the quality of medical care in this country. The world standard of medicine is here in this country. American medical schools produce men and women with the best medical education there is. Our technology is unsurpassed. The ranks of allied health manpower continue to grow in terms of both size and sophisticated training."

DR. PARROTT CITED the 25% drop in the nation's infant mortality rate in the last decade and the steady growth of life expectancy in the U.S. as evidence "that American medicine—our pluralistic, evolving, pragmatic system—is changing things for the better, that we <u>are</u> making progress."

AMERICAN medical schools, Dr. Parrott noted, have increased from 89 in 1967 to 108 this year and first-year enrollment has grown from 9,000 to 12,000 students. The number of new physicians each year exceeds 8,000, due in part to "an almost

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Intravenous Lincocin (lincomycin hydrochloride, Upjohn), with its 1.2 to 8 grams/day dosage range, covers many serious and even life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Lincocin IV therefore can be as useful in your hospitalized patients as its IM use has proved to be in your office patients. As with all antibiotics, *in vitro* susceptibility studies should be performed.

1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25—30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

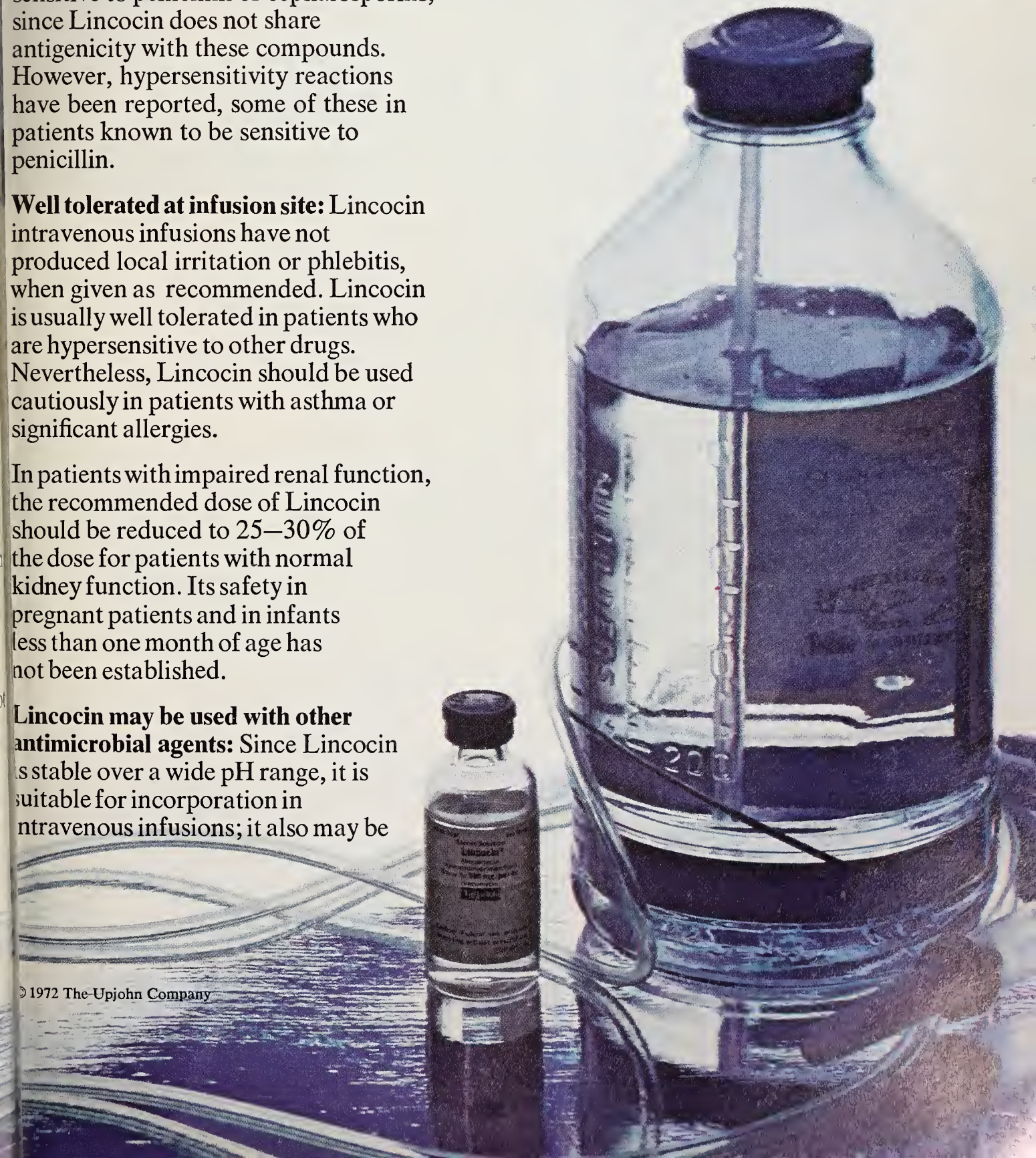
Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

Lincocin®

Sterile Solution (300 mg per ml)

(lincomycin hydrochloride, Upjohn)

For further prescribing information, please see following page.



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Sterile Solution (300 mg. per ml.)

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Up to 8 grams per day by IV infusion for hospitalized patients with life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

Each preparation contains:	Lincomycin hydrochloride monohydrate equivalent to lincomycin base
250 mg Pediatric Capsule	250 mg
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*Sterile Solution per 1 ml	300 mg
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*Contains also: Benzyl Alcohol 9 mg; and, Water for Injection—q.s.

Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reactions*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

HOW SUPPLIED: *250 mg* and *500 mg* Capsules—bottles of 24 and 100. *Sterile Solution, 300 mg per ml*—2 and 10 ml vials and 2 ml syringe. *Syrup, 250 mg per 5 ml*—60 ml and pint bottles.

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revolutionary telescoping of the traditional medical education." This means, Dr. Parrott said, that the physician population is growing at a rate "more than double" the general population rate.

ORGANIZED MEDICINE has also undertaken initiatives to bring medical costs under control, Dr. Parrott told the committee. This is being accomplished mainly through medical society foundations based on the concept of peer review, which screen hospital admissions and review medical procedures.

"ON BALANCE, we have a medical system with impressive accomplishments, a system that is flexible and innovative, a system responsive to the need for change and improvement. In whatever action this committee chooses to take the American Medical Association strongly urges that you build on the very real strength that now exists," Dr. Parrott concluded.

AHA's PRESIDENT TESTIFIES

THE AMERICAN HOSPITAL Association told the House Ways and Means Committee hearings on national health insurance that its "Policy Statement on the Provision of Health Services" provides a direction for national health policy and serves as the basis upon which the Committee can frame goals and programs for the nation's health care.

JACK A. L. HAHN, Indianapolis, the AHA's president, told the committee that once goals and priorities have been set, "what needs to be done is to embark immediately on a rationally staged program within an overall framework of established goals and objectives. Government must take the lead in providing the framework for required changes."

LATER in his testimony Hahn said:

"THE AHA PROGRAM has been drafted as a legislative proposal, however, the initial draft is being restudied and revised by the Association. The bill-drafting process showed that simple and readily attainable solutions to complex problems do not exist." Hahn added that the Association had not come with a legislative proposal for consideration by the Committee, but with "recommendations that can be taken now and that can serve as building blocks for the attainment of much broader goals for the system."

SUBCOMMITTEE TOLD HMOs NEED TESTING

ELSEWHERE on Capitol Hill, the AMA told the Senate Health Subcommittee headed by Senator Edward Kennedy that is now exploring the feasibility of Health Maintenance Organizations that "the concept of the HMO has not yet been tested."

"OUR STRONG recommendation is that we find out whether economics can be achieved before such a major commitment is made," declared John R. Kernodle, M.D., vice chairman of the AMA Board of Trustees.

STRESSING THAT the AMA supports and encourages further experimentation with HMOs, Dr. Kernodle said "HMOs are just one form of health care delivery and no one knows at this time just what impact they will have or how successful they will be in universal application."

Continued

Continued

WITH REFERENCE to the Nixon Administration's announced goal to make HMOs available to 90% of the population within a decade, Dr. Kernodle said:

"TO US (AMA), this is an open-ended commitment. Because of the many unknown factors regarding HMOs we feel it is a rather dangerous blank check for the Congress to issue. For any time you are talking about a program that will affect 90% of the people, you are, in fact, inaugurating a new medical system. It would seem to be the better part of wisdom to be certain of all the facts and cognizant of all pitfalls before embarking on such a course."

CLINTON S. McGILL, M.D., vice chairman of the AMA Committee on Private Practice, told the subcommittee that less than four percent of the population—generally only highly selective parts of the population—is served by prepaid group practices. "There is little experience with high-risk segments of the population. This, in our opinion, constitutes too narrow a base upon which to construct a new universal system."

COMMITTEE TO OVERSEE PHASE 2 HEALTH CARE COSTS

PRESIDENT NIXON has appointed a 21-member Committee on the Health Services Industry to oversee inflation in health care costs as part of the Phase 2 economic program. Chairman of the advisory group is Mrs. William C. Dunn, Commissioner of the Department of Consumer Protection for Connecticut.

THE ADMINISTRATION intends to cover physicians' services as well as those of all other providers of services in the cost control effort, but the manner in which this will be carried out has not yet been established.

WHILE THE government obviously can control to some extent payments in federal programs such as Medicare, especially for hospitals, regulating physicians' fees in the private sector is something else again. Apparently, a major thrust of the Phase 2 program as it affects physicians will be to urge voluntary compliance.

THE ADMINISTRATION'S aim is to keep charges from rising to a point where the unit profit is higher than it was in the past. Fee rises stemming from higher costs of doing business will be okay as will a certain percentage to take into account general rises in the cost of living.

THE LACK of a penalty-backed policing role by the government—at this date anyway—might seem to make the federal program toothless. But Administration officials are confident that public concern and public and peer pressures will make it difficult for individual physicians to hike fees substantially. Furthermore, the Administration is certain that most physicians are willing to cooperate.

FOUR PHYSICIANS are on the panel, which also includes representatives of state and local government, consumers, hospitals, related health occupations and industries and the health insurance companies.

PHYSICIAN MEMBERS are: William Lotterhos, M.D., President of the American Academy of General Practice and former chairman of the AMA's section on General Practice; James Haviland, M.D., former

Continued

acting dean of the University of Washington School of Medicine; Earl Brian, M.D., Director of the California Department of Health Care Services; and James Cowan, M.D., Commissioner of Health for the state of New Jersey.

C. JOSEPH STETLER, President of the Pharmaceutical Manufacturers Association and former General Counsel for the AMA, is also a committee member.

HEW PLANS TO PHASE OUT PUBLIC HEALTH SERVICE

THE DECISION OF HEW to kill the Public Health Service's commissioned corps is sure to fan congressional interest in a separate department of health.

HEW SECRETARY Elliot Richardson said he was adopting a special advisory commission's recommendation of last summer that the corps—composed of 5,500 physicians, dentists, engineers, nurses, pharmacists, veterinarians—be phased out and replaced with a civilian system.

WHILE THIS would solve a serious internal personnel problem at HEW, the move does nothing to further Richardson's relations with Congress, which has had a soft spot for the PHS Corps for many years.

UNTIL RECENT years, the corps functioned as a semi-autonomous unit at HEW, with the PHS Surgeon General reporting directly to Congress, thus to some extent bypassing higher authorities at HEW. A close liaison with Congress was built up and still lingers on, hence the outcry when the Administration recently moved to close down PHS hospitals.

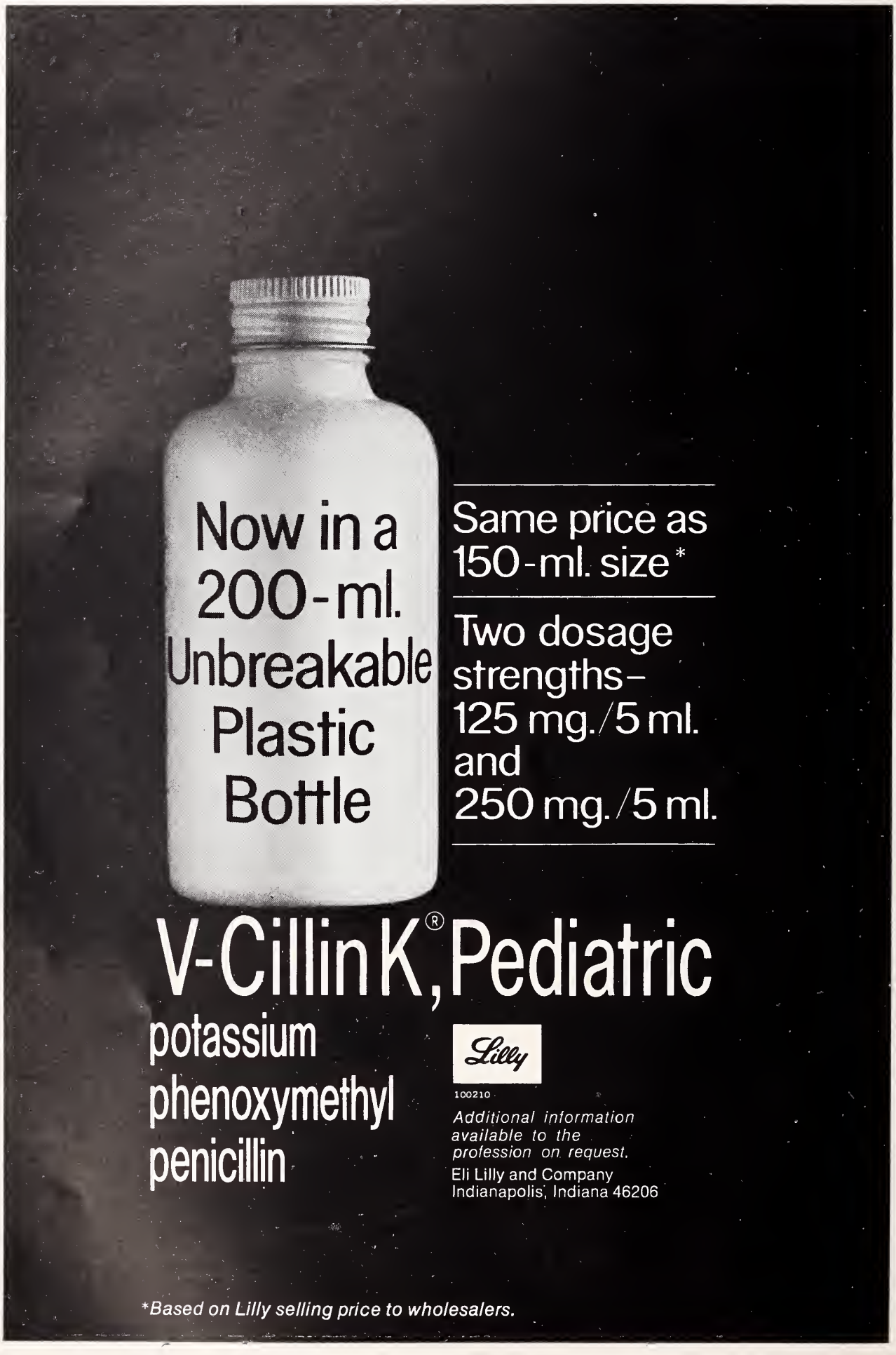
THE REORGANIZATION of HEW carried out under HEW Secretary John Gardner firmly placed the secretary and assistant secretaries in control of the agency's health programs and diluted the powers of the Surgeon General to the extent that they are now difficult to define.

HOWEVER, memories of the old days when Congress was able to call the shots at PHS remain strong and are one reason why such influential men as Rep. Paul Rogers (D., Fla.) are set on establishing a separate, cabinet-level department of health. The reasoning is that only this would give Congress the power it seeks over how the federal government administers its huge health empire. ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

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Perforation of a Normal Colon by Too Much Pressure

RICHARD J. NOVEROSKE, M.D.
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Summary

THE author did a retrograde small bowel examination on a 71 year old woman; her colon was normal. To reflux the small bowel, the enema can was raised to 120 cm (four feet) above the tabletop. The ascending colon perforated. The patient died.

Resting pressures in the colon are low, but when the colon loses its haustra, the full head of pressure can be exerted against the colon wall.

Low pressure heads are safest and least painful.

Case Report

The patient was a 71-year old woman who was admitted with gastrointestinal bleeding and abdominal pain.

An upper gastrointestinal examination was normal except for a large esophageal hiatal hernia; no ulceration of the hernia, nor of the distal esophagus was seen. The patient also received a barium enema examination; it showed a normal colon.

A retrograde small bowel examination was ordered to see if there was a bleeding tumor in the small intestine. In preparation for this study, Demerol, 75 mg, and atropine sulfate, 1 mg, were given intramuscularly, one hour before the examination.

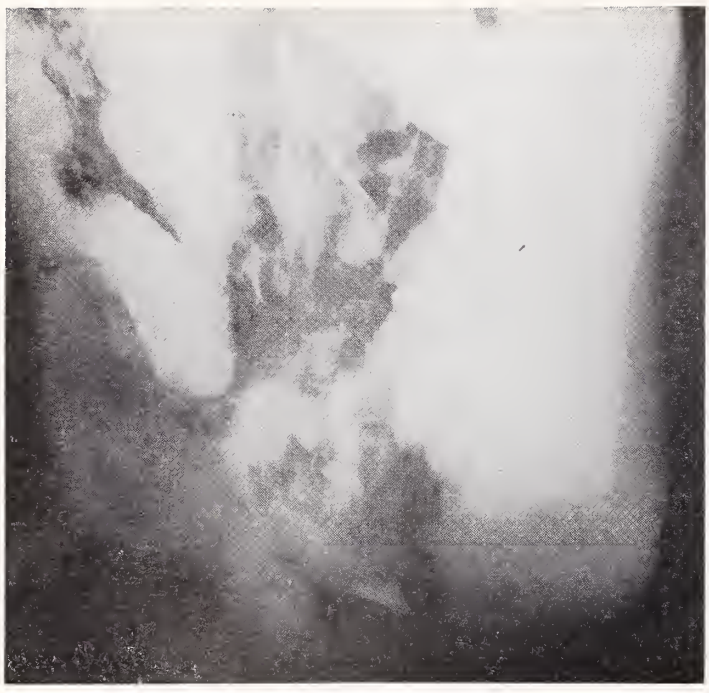
I started the examination as a barium enema and filled the colon without difficulty, but I had difficulty in refluxing the ileum. The enema can was refilled with more liquid, a suspension of about 20% barium sulfate by weight, and the can was raised so that its bottom was 120 cm (four feet) above the top of the x-ray table. I continued the examination. The haustra disappeared. The patient had a great deal of abdominal pain, consistent with the pain that can occur during a retrograde small bowel examination.

I was using a non-amplified fluoroscope for this procedure. The space between the ascending colon and the descending colon became opaque. I considered the possibility of rupture of the colon, but since I couldn't see any free barium along the margin of the liver nor in the gutters of the peritoneal cavity, I thought the barium was refluxing into the small intestine. I continued the examination.

When an estimated 5,000 cm^3 of barium sulfate suspension was given, I stopped because the average amount of barium used for this study is 4,500 cm.[3,1]

Films of the abdomen in prone and supine positions were made, and they showed free barium in the peritoneal cavity (Fig. 1A and 1B). At that time the patient was alert and complained of abdominal pain that was diffuse. Her blood pressure was 165/82 mm Hg.

I notified the attending physician, and he called a surgeon promptly. About 1¼ hours after the perforation the patient's blood pressure was 115/52 mm Hg. Emergency laparotomy was started about two hours after the perforation. At surgery a large amount of free barium sulfate suspension was in the peritoneal cavity. It was difficult to find the site of perforation. Then the Law of



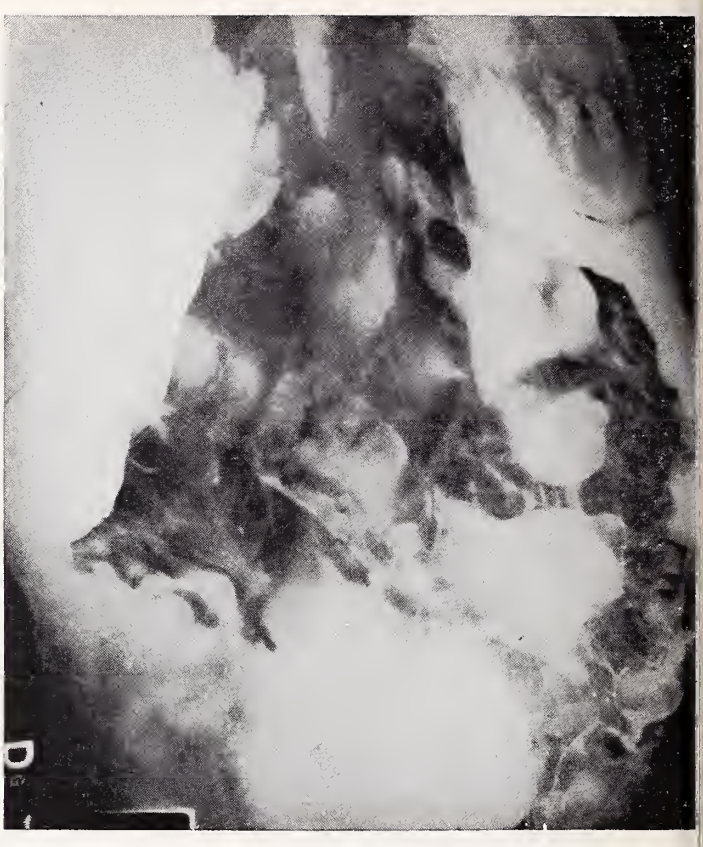


FIGURE 1

These two films, (A) offset cephalad and (B) offset caudad, show a large amount of barium in the peritoneal cavity. Barium obscures the liver, lies around the spleen and is in the esophageal hiatal hernia sac.

LaPlace was remembered (Fig. 2), and the widest part of the intraperitoneal colon, the ascending colon, was examined closely.

We found a muscular tear with a mucosal perforation, 1 cm in diameter, in the ascending colon about 10 cm above the ileocecal valve.

A colostomy was made quickly at the site of the perforation by inserting a balloon catheter into the ascending colon through the hole, sewing the colon wall tightly around this catheter, and pulling the catheter out through a stab incision in the abdominal wall.

When the abdominal incisions were closed, the patient was in shock with a blood pressure of 75/30 mm Hg. An intravenous drip of Aramine was running. The patient's pupils were fixed and dilated. She did not respond to vocal or painful stimuli during the post-operative period. Her vital functions failed, and she died early the next morning, about eleven hours after the emergency laparotomy was begun. Permission for an autopsy could not be obtained.

Discussion

In previous work I learned that the resting pressures in the colon during barium enemas are low, often not detectable; the average of the maximum resting pressures was about 22 mm Hg.[2]

But higher pressures, caused by spasm, do occur in the colon during barium enemas. In a previous report I said, "The spasm pressures are always less than the available hydrostatic pressure."[2] I think this statement is true when normal tone is present, but it is probably not true that the pressure in the colon is always less than available hydrostatic pressure.

When the colon distends enough to lose its haustra, it is likely that it loses its tone or capacity to maintain the same intraluminal pressure despite increased volume. Then it reacts with elasticity (increasing resistance to a deforming stress) as it is distended, similar to a distended toy balloon. With increased pressure, the colon wall is stretched and thinned, both in its circumference and along the length of the colon, like a long toy balloon.

This loss of tone is similar to the

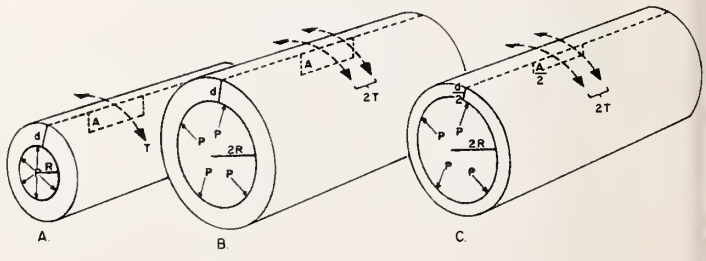


FIGURE 2

The Law of LaPlace, for cylinders: tension that tears apart the wall is the product of the pressure times the radius (A); doubling the radius doubles the tension (B); thinning the wall increases the tensile stress (C).

dilatation and elongation of the aorta that is seen in elderly patients. Chacko and Reynolds have shown this same phenomenon—intraluminal pressure dilating, lengthening, and thinning the wall of a cylinder of tissue—in umbilical arteries.[3]

While there are many factors that make an analysis of dynamics difficult in living tissue, it appears that loss of tone and distension cause increased tensile stress in the wall of the colon: dilatation will increase the circumferential tension because of the Law of LaPlace (Compare Fig. 2A with 2B), and thinning will increase the tensile stress, or tension per unit of wall thickness, even if the tension were to remain the same (Compare Fig. 2B with 2C).

When haustra are present, it can be assumed that the colon is not distended, has tone, and has a capacity to respond to increased volume. When haustra are absent, the safety factor of tone may be absent too, and the total energy of the system—the full head of hydrostatic pressure, can be exerted against the colon wall.

The available hydrostatic pressure from the barium enema can with its bottom 120 cm (four feet) above the tabletop has been measured, and it ranges from 84 to 96 mm Hg when a 20% by weight barium sulfate suspension is used; the calculated hydrostatic pressure is about 96 mm Hg.[2] For a 90 cm (three foot) high can, the measured hydrostatic pressure ranges from 54 to 68 mm Hg, and the calculated pressure is 71 mm Hg with the same weight barium suspension.[2] The height of the barium sulfate suspension in the can itself is not added, for it is offset by the height of the colon above the tabletop; there are other factors that make it difficult to measure precisely the head of hydrostatic pressure during a barium enema.[2]

Burt showed that the mucosa of the cecum at autopsy could perforate at a pressure as low as 50 mm Hg.[4] It appears that this datum can be extrapolated validly to the intestine of living humans.[2]

The problem of determining the proper pressure for barium enema examinations is too complex for a single rule like, "Don't raise the barium enema can above three feet."

A high barium enema pressure, with the can essentially at ceiling height, is indicated for reduction of colonic intussusception in infants.[5] The clinical experience of Fiorito and Cuestas with air pressures of 130 mm Hg for reducing these intussusceptions is unexcelled.[6] Their work is an excellent application of the Law of LaPlace. (Compare a smaller colon —Fig. 2A—having half the tension in its wall for the same pressure, with a colon twice its size—Fig. 2B.)

Spasm pressures are so low, and the flow is so slow with a viscous barium sulfate suspension that an enema can height above 120 cm (four feet) is indicated with viscous barium.[2]

On the other hand, with ulcerative colitis an enema can height of 90 cm (three feet) or 60 cm (two feet) may be too much, for the rigid, toneless walls may not adapt to the increased volume from the enema, and the ulcerations may blow out with little pressure.

I usually examine the colon with the bottom of the enema can about 50cm to 60cm (twenty to twenty-four inches) above the tabletop. At this level the spasm pressures and cramps are not severe. I raise the can: to prove that a colonic obstruction is not due to spasm, to reflux the ileum, to speed up a slow flow, or to duplicate the pain of irritable colon syndrome. If haustra are present, elevating the can above 90cm (three feet) can be consistent with good judgment. But low pressure heads are usually safest and least painful.

Acknowledgments

I am indebted to S. R. M. Reynolds, Ph.D., D. Sc., professor emeritus of the University of Illinois College of Medicine, for his critical review and suggestions.

I am also grateful to *The American Journal of Roentgenology, Radium Therapy and Nuclear Medicine* and Charles C Thomas, publisher, for permission to publish Figure 2, a modification of an illustration that appeared in their journal.

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A Transfusion Reaction Caused by the Duffy Antigen

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A. GHANI BAADJ, M.D.
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THIS is a case report of a 37 year old woman with vaginal bleeding of several months duration. Bleeding had not been continuous, but was like intermittent prolonged menses with intermenstrual bleeding, too. In the past she had had four pregnancies with four normal deliveries. No previous transfusions had been given. The admitting diagnosis was fibroid uterus. At the time of admission her hemoglobin was found to be 6.8 gms %.

Transfusions were given to prepare her for operation. She received the first unit of blood and had no difficulty. With the second unit she began having a chilly sensation after about 150 cc of blood had absorbed. She was examined at this time and was found to be in good spirits, without hives, temperature elevation or other complaints. After about 450 cc of blood, though, she had severe back pain, low blood pressure, and a shaking chill. The blood was stopped and the remainder sent to the laboratory for check on the type and cross-match. Supportive therapy in the form of fluids intravenously, antihistamines by injection, and cortisone was given. Urinary output remained adequate.

Examination of the blood showed major and minor cross-matches to be all right. Her blood type was A Rh+. The donor blood also was found to be Duffy[a] negative, but there were antibodies present to the Duffy[a] factor. Duffy[a] antigens were present in the second unit of blood but were absent in the first unit.

Subsequently transfusions of Duffy[a] negative blood were given without incident. She underwent hysterectomy with no difficulty and was dismissed from the hospital six days postoperatively. She has remained well.

Transfusions in General

This case points up the increasing problems encountered with blood transfusions. Many hazards accompany transfusions. Two of the most important ones are the possibility of homologous serum jaundice and a major mismatch. There are other dangers such as bacterial contamination, overtransfusion and outdated blood. Lawsuits, of course, can follow any transfusion mishap.

With so many possibilities for trouble present, it isn't any wonder that steps have been taken to cut down on the number of transfusions given.

One particular fetish that seems to have gained widespread acceptance is the notion that a single blood transfusion is never indicated. It is conceivable that this notion has resulted in many patients getting two units of blood when they actually needed only one. The present case, of course, needed several units of blood to prepare her for operation.

The Duffy Factor

Cutbush, Mollison and Parkin in England discovered the Duffy factor in 1949 and reported their discovery in 1950.[2] As with other blood factors (Rh, for instance) this particular antigen was found as the result of the study of a single case. A man named Duffy, age 43, was seen in July of 1949. He was a hemophiliac who had been transfused on three occasions in the past. One unit of blood had been given in 1928 and two others were needed in 1936. His history indicated that he had chills following each of the transfusions in 1936, but no further details were available. In July 1949, because of spontaneous subcutaneous bruising and bleeding, he was seen and was found to be anemic. He was given blood which had been properly typed and cross-matched and found to be free of any agglutination. He received a total of three units. He had a chill during the administration of the blood. The next day he was jaundiced.

With further study of the transfused blood, it was found that the first unit and the third unit given showed a positive reaction to the indirect Coombs test. The second unit showed no such reaction. Four days later another transfusion was given. Care was taken to select blood which, in addition to proper type and cross-match, gave a negative Coombs test. No unfavorable reaction occurred. One week later, taking the same precautions, another unit of blood was given, without any untoward reactions.

The bloods from over 200 patients in the British Isles were checked by this group of investigators to see what reaction occurred with this pa-

tient's serum. (The factor was designated Duffy in honor of the patient in whom antibodies were first found. The symbol Fy is used to avoid confusion with the D or Rho factor.) Sixty-five percent of the patients tested were found to have the Duffy antigen. About 35% were found not to have the antigen. In a group of Indian (Asiatic) people, over 90% were found to have the Duffy factor.

Cutbush and Mollison designated their antigen Duffy^a (Fy^a) and postulated the presence of a second allele. Ikin, Mourant, Pettenkofer and Blumenthal in 1951 confirmed this supposition with the discovery of another Duffy hemagglutinin.[3] The antigen was designated Fy^b. Antibodies to this antigen were found in the serum of a woman following the birth of her third child. None of the children had shown signs of hemolytic disease of the newborn, and she gave no history of transfusion.

Anti-Fy^a antibodies are found in the sera of multi-transfused patients. They are the result of specific stimulation. Only one example of an apparently naturally occurring anti-Fy^a antibody has been reported.[6]

In 1955 Sanger, Race, and Jack discovered that a certain percentage of New York negroes with whom they were working had neither the Fy^a or Fy^b factor.[7] They postulated the presence of a third gene which they designated merely Fy. They pointed out, however, that the immunizing properties of Fy must be very inefficient because no instance of an anti-Fy serum had been identified. When transfusion reactions caused by the Duffy factor occur they are almost always caused by anti-Fy^a antibodies. Anti-Fy^b serum rarely causes trouble and, since anti-Fy serum hasn't been isolated, it follows that there are no known reactions to this serum.

Race and Sanger, in 1962, pointed out the gene dose effect in the Duffy system.[4] They first described this with a very unusual saline active anti-Fy^a serum. This serum had the remarkable quality of being able to distinguish between individuals of the Fy^aFy^a and Fy^aFy^b genotypes. The anti-body gave much stronger reactions with Fy$^{(a+b-)}$ cells, leading to the assumption that more antigen was present on Fy$^{(a+b-)}$ cells because of a double dose of Fy^a gene.

Should an anti-Fy serum be identified in the future, the designated Fy factor might be changed to Fy^c. The 1955 report by Sanger, Race, and Jack indicates that there probably are three alleles rather than two. These are called, at present, Fy^a, Fy^b, and Fy, and they are evidently inherited as Mendelian dominant characters.[7]

Ritter, in his study of 247 families from Southwestern Germany reported in 1967, concluded that his results agreed with the hypothesis "three alleles Fy^a,Fy^b, Fy at an autosomal locus."[5]

There is no connection, genetically, between the Duffy factor and the other blood factors such as ABO, Rh, MNSs, P, Kell or Kidd.

Crawford, Punnett, and Carpenter, in their study of a retarded child—the result of deletion of the long arm of chromosome 16—hypothesized that the location of the Duffy gene might be on chromosome 16.[1]

Several miscellaneous observations regarding the Duffy factor and the antibody it produces should be mentioned. Serum containing the antibody ordinarily fails to agglutinate cells suspended in saline and albumin. The antibody can only be detected by the indirect Coombs (antiglobulin) test.

It has not been possible to detect Fy^a substance in saliva. The Fy^a antigen is detectable at an early age in fetal life and is fully developed at birth.

So far, studies done in different parts of the world—India, England, Germany, Lagos and Accra in West Africa, and in the United States—indicate that there is marked variation of the occurrence of the Duffy factor in peoples of differing origins. This fact might be important in anthropological studies.

Summary

A case is reported of a transfusion reaction in an anemic woman being prepared for hysterectomy. This reaction was caused by sensitivity to the Duffy antigen. The history of the Duffy factor, from its discovery to its present implications, is reviewed.

This particular case led to a change in the typing and cross-matching procedure for transfusions in our hospital. The Coombs test is now done with a prolonged incubation. While this lengthens the time it takes for blood to be made available, it makes the transfusions given safer for the patient.

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ELECTROCARDIOGRAM OF THE MONTH

Paroxysmal Atrial Tachycardia

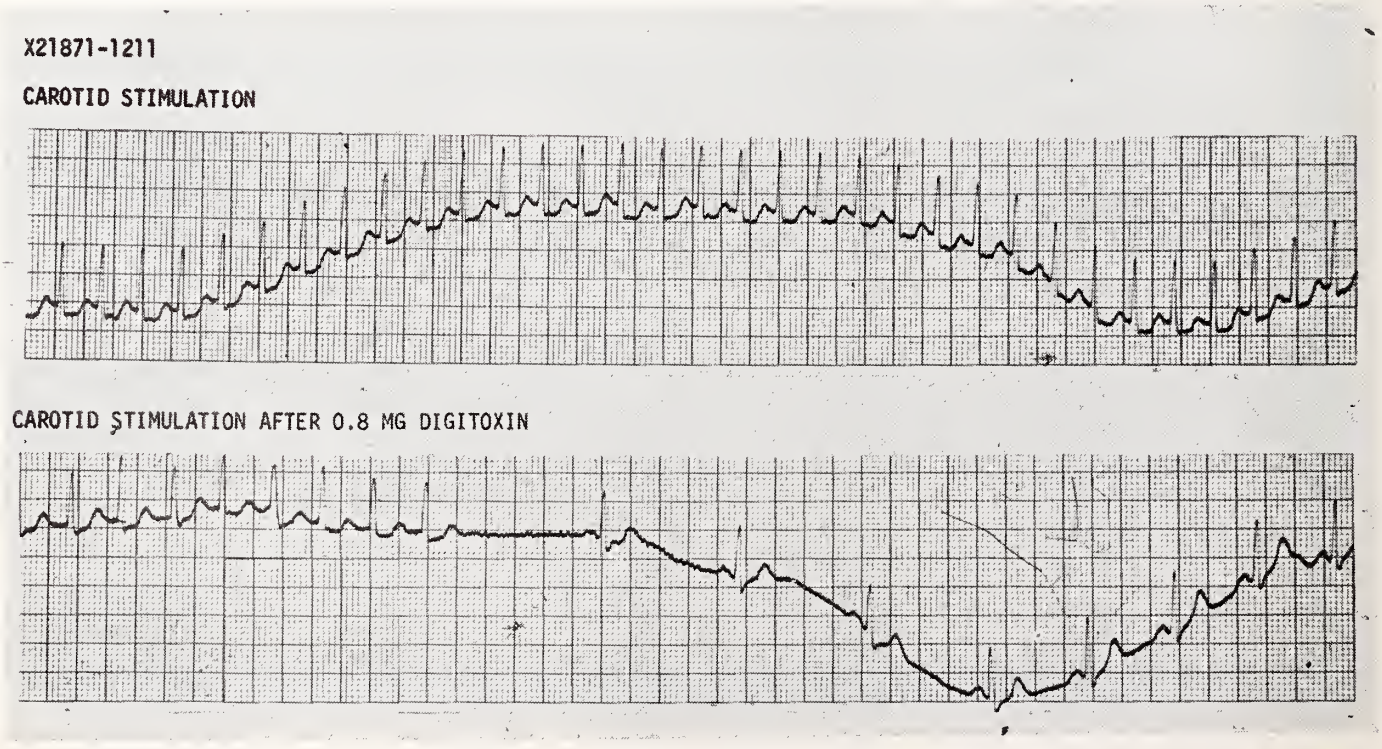
CHARLES FISCH, M.D.
*Indianapolis**

PAROXYSMAL atrial tachycardia (PAT) is a common supraventricular ectopic arrhythmia, frequently exceeding a rate of 200 per minute, very often associated with an otherwise normal heart. The urgency with which the PAT needs to be interrupted depends to a great extent on the ventricular rate and the underlying heart disease, if any.

Vagal stimulation will interrupt the arrhythmia in about 40-50% of the cases. This can be accomplished by direct vagal stimulation (e.g., via carotid sinus stimulation, gagging, etc.), by elevation of blood pressure with secondary baroceptor vagal discharge or use of such vagomimetic drugs as morphine but particularly digitalis.

Patients who do not respond to vagal stimulation will as a rule re-

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.



PAROXYSMAL atrial tachycardia with failure to respond to carotid pressure (upper row), but with response to carotid stimulation following administration of digitalis (bottom row).

spond to administration of digitalis. The drug via its effect on the vagus suppresses the phase 4 slow depolarization of the action potential (the automaticity) and thus terminates the arrhythmia.

The accompanying figure represents the response of PAT to digitalis and carotid stimulation. The PAT recognized by the normal QRS with a rate of 220 and failure to respond to carotid stimulation is recorded in the upper row. Following administration of 0.8 mg of digitalis, repeat carotid stimulation terminated the arrhythmia. The vagal effect of digitalis, rather than its direct effect on the myocardial cell, is involved in suppression of automaticity and for this reason doses less than "fully digitalizing" might be effective. This is shown by a response to 0.8 mg of the drug, rather than the "average" digitalizing dose of 1.5 mg. ◄

Methotrexate: Its Use in Psoriasis

Psoriasis has for ages challenged the physician's therapeutic resources. A recurrent disease, it is characterized by exacerbations and remissions which sometimes are difficult to control with conventional therapies.

Some cases of psoriasis which are severe, disabling and resistant to conventional therapy have been effectively treated with the anti-metabolite drug, Methotrexate.

The Food and Drug Administration and the FDA's Advisory Committee on Dermatology have reviewed a series of clinical investigations and based on the recommendations of the Advisory Committee, the FDA has concluded that Methotrexate is safe and effective for the treatment of certain cases of psoriasis.

The FDA-approved directions for use in these cases will soon be available from the manufacturer, Lederle Labs., and should be reviewed carefully before the drug is used in the treatment of psoriasis.

The labeling of Methotrexate restricts its use in psoriasis to severe, disabling, proven cases recalcitrant to more conservative treatment and makes the following recommendations:

— screening of patients by all appropriate parameters to exclude administration of Methotrexate to pregnant women and to patients with preexisting renal, hepatic, or hematopoietic disease;

— screening of patients to disclose any preexisting infections that might be activated by use of an immunosuppressive agent; and

— ensuring the availability of facilities for close medical and laboratory supervision of patients receiving the drug for psoriasis. Supervision should include CBC, urinalysis, serum creatinine, liver function studies, and liver biopsy, if indicated.

Methotrexate should be used only by physicians who are thoroughly familiar with the severe adverse effects, including deaths, associated with the use of anti-metabolite drugs. Deaths that have occurred during Methotrexate treatment for psoriasis usually have been preceded by signs and symptoms of bone marrow aplasia (e.g., hemorrhagic enteritis). Patients should be fully informed of the risks involved and closely monitored. The drug should be discontinued promptly in the event of developing renal or hepatic toxicity.

Methotrexate has been marketed for 18 years as an important representative of anti-neoplastic chemotherapy. Use of an anti-neoplastic drug for treatment of an incurable dermatologic condition must be carefully weighed by the physician after consideration of the risks and benefit to his patient.

Methotrexate should be used only when other, less toxic drugs have failed to bring improvement to patients disabled with severe psoriasis. Please note that the drug is to be dispensed to patients *by physicians only.—FDA Drug Bulletin,* Oct. 1971.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Support Your AMA

IN May, the Kansas Medical Society changed its By-Laws to eliminate mandatory AMA membership. This was done not because of loss of confidence in the parent body, but rather to eliminate a source of irritation among KMS members. Nearly all other states have done the same. Your officers and Executive Committee initiated the move in an effort to strengthen our state society. However, we strongly encourage our members to continue their AMA membership on the new voluntary basis in order to strengthen the voice of physicians in national affairs at all levels.

In addition to many scientific and educational activities the AMA has been in the forefront of the debate on the form of health care in the nation. In this age of controversy it has stood for the preservation of the right of its members to practice free of governmental control. This position is one not taken by the AMA officials, but by its membership speaking through its elected House of Delegates and officers.

In the final analysis, the AMA reflects the will of its members. Our representatives, elected on the basis of AMA members in Kansas, are Dr. John C. Mitchell, of Salina, and Dr. Lucien R. Pyle, of Topeka. Both have served as KMS presidents, and have worked for our Society for many years. They are anxious to hear your views and opinions since they wish to represent Kansas medicine fairly and impartially at the AMA level. Since the AMA is highly visible nationally, it has been the target of all who seek to fundamentally change the health care delivery system. These include both elected officials and radicals of the new left, labor leaders and the extreme right, social planners and professors, and a variety of pressure groups.

This does not mean that those who seek change are in error, not all who expect improvement are wrong. However, if there is to be a national organization to represent physicians' —the providers'—views on health, it must have members. Join *your* AMA and work *within* to make it a better organization, if you will, but *join* so your voice can be heard. If we unite we are strong: in disunity there is certain defeat.—**William J. Reals, M.D., President, Kansas Medical Society.**

Editorial Notes . . .

The lead content of paint should be reduced to a mere trace in order to protect children who eat paint chips. The American Academy of Pediatrics has recommended to the Federal Trade Commission that the maximum allowable lead content be fixed at 0.05%. The present standard is 1.0%. The AAP thinks that paint containing lead in excess of 0.06% constitutes a hazard.

A recent news item from New Delhi reported that 20 million people in India have venereal disease. A government committee which was appointed to investigate reported that the medical schools were to blame because not enough undergraduate training time was allotted to skin and venereal diseases.

"Tuberculosis remains a serious medical and public health problem among nonwhites in the United States and among persons in many of the more highly industrialized countries of Western Europe, but in the Scandinavian countries and the Netherlands as well as among whites in the United States tuberculosis mortality has declined to very low levels." This report from the statisticians of Metropolitan Life attributes the 90% drop in the death rate in the United States and elsewhere to higher living standards, better housing, earlier detection and adequate medical treatment. ◄

Covered—Non-Covered Care in Extended Care Facilities Under Medicare

LEE M. CATTELL, JR., M.D.
Indianapolis*

THE concept of extended care, as promulgated by Federal Government regulations, envisions extended care, not as an extension of time, but rather as an extension of hospital care in a nursing home for a patient who does not require the daily visits of a physician and the immediate availability of laboratory and x-ray facilities. However, the patient must require a *hospital level of care.*

Requirements for Eligibility

(1) The patient must be hospitalized as an inpatient in a participating hospital for at least three consecutive days prior to admission to the Extended Care Facility.

(2) The patient must transfer to the Extended Care Facility within 14 days after discharge from the hospital.

(3) The Extended Care Facility treatment must be for the *same condition* that the patient received care as an impa'ient in the hospital or for treatment of a condition which arose while receiving extended care in the nursing home.

(4) The condition must require *skilled nursing care* on a *continuing basis.*

(5) A physician must certify and recertify that requiremen's 3 and 4 are met.

The determination of the level of care considers the following factors:

(1) The medical needs of the individual patient is the first criterion.

(2) The second criterion is the service required to fulfill these needs.

(3) The third criterion is the health personnel required to adequately provide the services to fulfill the needs.

Skilled nursing care on a continuing basis is that care rendered to a patient using techniques and methods at a level of a skilled medical professional (R. N.). Such procedures and care as is, or can be rendered by orderlies, aides and family are excluded.

Skilled nursing service is care requiring observation and assessment of the total needs of the patient on a professional level. Another facet is the planning, organization and management of a treatment plan involving multiple services. The third facet is the direct rendering of service to the patient on a professional level.

The principles involving skilled nursing care on a continuing basis are the following:

Medications

Oral Medications. Medications which are ordered on a regular or continuing basis would constitute a non-covered level of care. However, oral medications which would or might create a sudden or severe reaction and are given on an *adjustable* dosage so that the nurse has to adjust the dosage, would qualify the patient for covered care. Eye drops are non-covered. The taking of oral medications is a non-covered service even though the patient may be senile and cannot take the medication himself. The services of an aide or non trained individual to administer this medication is all that is necessary. A skilled professional (R.N.) is not necessary.

Relative to intramuscular injections, the bi-weekly injection of medication is a non-covered level of care, because it is not given on a continuing basis. The injection of insulin on a routine basis is also non-covered. However, if the patient has to be taught how to measure, use and administer insulin, this requires a service of a skilled professional individual and would be covered care during the learning period. The use of regular intravenous medication on a continuing basis would qualify the patient for covered care. Intramuscular injections on a regular continuing basis would also qualify the patient for covered care if such injections were used in the active treatment of the patient's medical problem. The intramuscular injections of vitamins on a bi-weekly or weekly basis, however, is a non-covered level of care.

External Aides and Care

The frequent changes of position of an individual who may be bedridden or bedfast is a non-skilled service. This is an extremely important service to the patient and should be performed regularly. However, the personnel required to perform this care does not necessarily have to have medical knowledge. The possibility of adverse effects from improper performance, such as the possibility of dropping a patient while transferring a patient from the bed to a wheelchair or improperly handling a plaster cast, is a non-covered level of care.

Relative to skin care, the routine care of skin is a non-covered level of service. Any small decubitus which requires only minimal treatment is a non-covered level of care. However, large decubiti, which require spe-

* Medical Director, Blue Cross, 120 W. Market St., Indianapolis 46204.

cialized skilled treatment, such as prescription medication and dressing, would qualify the patient for a covered level of care. Any dressings which are sterile and/or require prescription medication for the proper treatment of the lesions, qualifies the patient for care in an Extended Care Facility. A routine non sterile dressing does not qualify the patient.

The use of heat where it is specifically ordered by a doctor for dermatological conditions on a regular continuing basis, qualifies the patient for a covered level of care. The use of heat for the comfort of the patient is, however, a non-covered level of care.

The use of restraints is a non-covered level of care.

Cast and Braces

The ordinary arm or leg cast does not qualify the patient for covered care. However, a patient with multiple casts and/or an extremely large cast (such as a spica cast) requiring professional skilled care, would qualify for coverage under the Medicare requirements. The routine application or wearing of braces is a non-covered service.

Tubes into Body Cavities

Any tubes or suction into the body cavity usually qualifies the patients for a covered level of care. These require a professional level of care. Levine tubes and gastrostomy tubes qualify the patient. Nasal pharyngeal aspiration on a continuing basis also qualifies the patient. Colostomy and ileostomy care in the immediate post-operative period while the patient is learning to take care of these problems qualifies the patient for a covered level of care since skilled nursing care and training is necessary. When the patient has learned, however, to handle his colostomy or ileostomy, this then is a maintenance level and is non-covered care. Urethral catheters which are inserted for a maintenance problem reflect a non-covered level of care. However, the patient who has had urethral or bladder surgery, where the catheter has to be changed on a daily or every-other-day basis and also has to be observed for bleeding or other medical or surgical problems would qualify for a covered level of care during this period. Any catheters into the bile ducts or chest cavities would also qualify the patient for a covered level of care. However, incontinence does not qualify the patient for a covered level of care.

Medical Gases

The use of medical gases on a specific order of the doctor during a learning or trial phase of the gases or in the acute active treatment level of care is a covered level of care. The routine maintenance use of medical gases, however, is a non-covered service. The routine use of IPPB is a non-covered level of service.

Restorative Nursing

If the nurse is actively engaged to restore lost function subject to prescription by a doctor, this qualifies the patient for covered care. However three points should be noted. First, that the lost function is being actively treated; second, that the patient is able to learn, and third, that the patient is making progress. The maintenance of normal body activity, such as getting in and out of bed, using a walker, general walking around the ward (even with help) is a non-covered level of care and does not make the patient eligible for care in the Extended Care Facility.

Physical Therapy

Physical therapy is a highly skilled service but note should be made that the statute defines extended care as skilled *nursing* care on a continuing basis. Therefore, routine physical therapy alone does not qualify the patient for a stay in an Extended Care Facility under the Medicare requirements. However, most of the physical therapy is ordered following surgery, so that the skilled nursing care is required in the observation and assessment of the total condition of the patient; therefore, when physical therapy is directed by a physician and has his objectives specified, the frequency, duration and modalities specified, and the therapy is rendered by a qualified therapist with regular and frequent evaluations, and recording of same, and the therapy is directed towards actively restoring a lost function, the therapy does qualify under the statutes. Note should be made, however, that the administration of physical therapy for a stabilized condition does not qualify the patient for Extended Care benefits.

Suspect Conditions

Certain conditions are listed as suspect diagnoses—such as a chronic brain syndrome, senility, generalized arterial sclerosis, old CVA and other similar diagnoses. These conditions are not normally expected to improve and there is no active medical or physical therapy which will benefit these people. Also, patients transferred to the Extended Care Facility after a very short hospital stay, such as three, four or five days, will be suspect cases. Any cases that are hospitalized for an abnormally long period of time also are suspect since the normal healing processes may occur in the hospital and a patient hospitalized for a long period of time would normally have reached a plateau or maintenance level before discharge from the hospital. Subsequent care, therefore, is a non-covered level of care in Extended Care Facility.

Conclusion

Medicare benefits for an eligible Medicare patient in an Extended Care Facility requires that the patient needs a hospital level of care by skilled professional personnel on a continuing basis.

REFERENCES

Bureau of Health Insurance, Intermediary Letter #371, April 1969.

Department of Health, Education, and Welfare. Social Security Administration, Baltimore, Md. 21235.

Use of Computers in Medical Practice Theme of County Officers Conference

APPROXIMATELY 150 Indiana physicians attended the County Society Officers Conference November 13 and 14 in Indianapolis to hear reports on the use of computers in patient care.

Peter R. Petrich, M.D., Attica, president of the Indiana State Medical Association, presided over the two-day meeting which featured a Saturday afternoon of visiting 12 technical exhibits on computers displayed by firms from throughout the nation.

Demonstrations covered a variety of usages including collection of patient medical histories, recording electrocardiograms and use in billing procedures.

Following the Saturday afternoon tours of displays, the meeting convened at 9:30 Sunday morning for formal talks by nationally recognized authorities in the medical computer field.

Sidney R. Garfield, M.D., Oakland, Calif., Kaiser Permanente Health Plan, opened the meeting with a discussion of "New Concepts in Health Care."

Other speakers were Lewis C. Robbins, M.D., Indianapolis, Methodist Hospital, who spoke on "Prospective Medicine" and Richard A. Snapp, M.D., Columbus, Ind., Medi-Tech., Inc., whose subject was "The Automated Patient History."

Other speakers and subjects were Warner V. Slack, M.D., Boston, assistant professor of medicine, Harvard Medical School, "Computers—The Medical Interview," and John R. Kernodle, M.D., Burlington, N.C., member, Board of Trustees, American Medical Association, "The AMA and Computer Medicine."

Recordings were made of the discussions and are available to members on a loan basis.



AN interested foursome at the meeting included (left to right) Dr. James Gosman, ISMA president-elect, Jerry Butler, medical student; Dr. John O. Butler, 7th district trustee, all of Indianapolis; and Dr. Peter R. Petrich, Attica, ISMA president.



"WE'RE here to learn" might have been the motto for the Sunday program, and ample opportunity was provided.



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a prafessor af law at Indiana University Indianapolis Law Schaal, specializing in taxation, business assaciations and estate planning. Prafessor Jegen urges the reader to consult the reader's lawyer before applying the data in this article ta a particular fact situatian.

THE I.R.S. has just thrown in the towel over an issue that was and will continue to be one of the best and most basic estate planning devices that involves life insurance. That is, the I.R.S. now agrees with the view if, e.g., a husband transfers a life insurance policy (i.e., releases all incidents of ownership in the policy more than three years before his death) to, e.g., his wife, and the husband continues to pay the premiums on the policy until he dies, then no part of the policy proceeds are includable in the husband's gross estate for federal estate tax purposes. Of course, if the husband transfers the policy in contemplation of death, within three years prior to his death, then the policy proceeds are includable in his gross estate.

Furthermore, if any premium is paid by the husband (within three years prior to his death) in contemplation of death, then such premium (or premiums) is includable in his gross estate. But so long as the policy is transferred more than three years prior to the decedent's death, then the proceeds will not be includable in the decedent's gross estate as a gift in contemplation of death.

This new view by the I.R.S. will eliminate many cumbersome devices that have been used by lawyers in order to avoid the consequences of the prior I.R.S. view. Therefore, you should certainly ask your lawyer whether any change should be made in your estate plan due to this change. Remember—transferring permanent or term insurance out of your estate can be one fairly certain way of reducing the total taxes and other costs of your estate. See Rev. Rul. 71-497, 1971-45 IRB 16, revoking Rev. Rul. 67-463, 1967-2 CB 327.

Another recent I.R.S. ruling which concerns life insurance policies and which should be read by lawyers of persons who are currently considering divorce (or who are already divorced) is Rev. Rul. 71-482, 1971-44 IRB 10. In brief, the ruling provides that if a decedent has more than a 5% reversionary interest in a life insurance policy (which is on the decedent's life, and is payable to his former spouse and for which the decedent is obligated to pay the premiums), then the proceeds of the policy may be includable in the decedent's gross estate with no offsetting deduction for an obligation of the decedent to pay such proceeds. That is, the decedent is not entitled to an offsetting deduction unless the decedent is obligated to pay the former spouse a specific sum of money.

However, if the decedent is obligated to pay a specific amount, which amount is funded by the life insurance policy, then, while the insurance proceeds may be includable in the decedent's gross estate, the decedent may take a deduction for the personal obligation to pay the specific amount. Again, the decedent may avoid having the life insurance proceeds includable in his gross estate by releasing *all* of his incidents to ownership in the policy. Further, the decedent can be certain of being entitled to an income tax deduction, for alimony, where he is required to pay the premiums on life insurance policies that are completely owned by his former spouse.

Remember, gift tax returns for gifts made during the last quarter of 1971 must be filed on or before *February 15, 1972*, due to the recent changes in the gift tax rules.

Also, when you attempt to determine whether you have made any taxable gifts during 1971, don't forget that a gratuitous transfer of property into a tenancy by the entirety or a joint tenancy with right of survivorship (between the donor and, e.g., his wife or child) *will* generally result in a taxable gift by the donor. There are four basic exceptions that are recognized by the I.R.S., namely: where the tenancy is created between a husband and wife in real property; where the tenancy is created between any individuals in a bank account; where the tenancy is created between any individuals in U.S. savings bonds; and, where the tenancy is created between any individuals in a securities account (i.e., with a securities broker).

The proposed U.S. Regulations concerning the treatment of pre-1970 capital losses which are carried over to later years have been published and you should definitely read them (or have your lawyer read them) prior to preparing your 1971 federal and state income tax returns. ◀



CAMPBELL'S SOUPS IN DIABETIC DIETS*

RECOMMENDATIONS FOR PLACING CAMPBELL'S SOUPS* INTO EXCHANGE LISTS

* These recommendations are based on a *one cup portion* when prepared according to directions on the label. If milk is used in the preparation use part of your daily requirement.

Exchange Substitution for 1 Bread and ½ Fat	Exchange Substitution for 1 Meat and 1½ Bread
Tomato	Hot Dog Bean
Tomato, Bisque of	Split Pea with Ham
Tomato Rice, Old Fashioned	
Exchange Substitution for ½ Bread and ½ Fat	**Exchange Substitution for ¼ Meat and ½ Bread**
Asparagus, Cream of	Chicken Gumbo
	Chicken Noodle

Campbell's Soups are appetizing and enjoyable and because of the many varieties available, offer your diabetic patients the opportunity to plan and enjoy more interesting and appealing meals.

*To obtain copies of "Recommendations for Placing Campbell's Soups Into Exchange Lists," suitable for distribution to patients, write to Campbell Soup Company, Dept. 500, Campbell Place, Camden, N.J. 08101.

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X-ray studies[1] in 16 normal subjects showed just how promptly the active ingredient in Lomotil does its work.

Lomotil retarded gastrointestinal motility particularly during the first three hours after administration. It continued its moderating action on the bowel for at least three hours more.

Physicians prescribe Lomotil more often than any other drug when the urgency for the control of diarrhea is most distressing.

1. Demeulenaere, L.: Action du R 1132 sur le transit gastro-intestinal, Acta gastroent. Belg. 21:674-680 (Sept.-Oct.) 1958.

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Each tablet and each 5 cc. of liquid contain:
Diphenoxylate hydrochloride . . . 2.5 mg.
(Warning: may be habit-forming)
Atropine sulfate 0.025 mg.

Saves the Day

Warnings. Lomotil should be used with caution in patients taking barbiturates and, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is classified as a Schedule V substance by Federal Law with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages



should not be exceeded, and medication should be kept out of reach of children. Signs of accidental overdosage may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia; continuous observation is necessary. The subtherapeutic amount of atropine sulfate is added to discourage deliberate overdosage.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise.

Overdosage: The medication should be kept out of reach of children since accidental overdosage may cause severe, even fatal, respiratory depression.

Dosage: The recommended average initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

Children:

3-6 mo.... ½ tsp.* t.i.d. (3 mg.)
6-12 mo... ½ tsp. q.i.d. (4 mg.)
1-2 yr.... ½ tsp. 5 times daily (5 mg.)
2-5 yr.... 1 tsp. t.i.d. (6 mg.)
5-8 yr..... 1 tsp. q.i.d. (8 mg.)
8-12 yr.... 1 tsp. 5 times daily (10 mg.)
Adults:.... 2 tsp. 5 times daily (20 mg.)
or 2 tablets q.i.d.

*Based on 4 cc. per teaspoonful.

Use of Lomotil is not recommended in infants less than 3 months of age.

Maintenance dosage may be as low as one-fourth the initial daily dosage.

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Continuing Education for Physicians

POSTGRADUATE COURSES IN INDIANA

Electrocardiography for Physicians (23rd Annual Course)
May 3-4, 1972

The purpose of this course is two-fold: 1) to review the basic concepts of electrocardiography; 2) to present more advanced concepts essential for interpretation of the clinical electrocardiogram. The two-day review will provide ample opportunity for exchange of ideas among faculty and participants.

Co-sponsored by
Indiana Regional Medical Program

Director: Dr. Charles Fisch, Professor of Medicine

Emergency Medical Care
May 10, 1972

Caring for the patient seen in the emergency room of the community hospital requires an organized and systematic approach, an Emergency Care Program which has the participation of physicians of all disciplines.

Discussants will review certain principles of emergency medical care, and although appropriate attention will be given to basic physiology, emphasis will center on the practical aspects of emergency care. Topics for the day include: acute manifestations of systemic diseases, poisoning and drug abuse, and management of acute injury.

Co-sponsored by
Indiana Regional Medical Program

Co-directors: Dr. Leslie M. Bodnar, Clinical Associate Professor of Orthopedic Surgery.

Dr. R. H. Denham, Jr., Clinical Associate Professor of Orthopedic Surgery.

Seventh Annual Indiana Multidisciplinary Child Care Conference
May 10-11, 1972

The Seventh Annual Multidisciplinary Child Care Conference, to be held at Stouffer's Inn May 10-11, 1972, will consist of twelve seminars over a two-day period. Three seminars meeting simultaneously will permit the registrant to select topics of most interest to him (although attendance will be limited to 40 persons per discussion group). Each seminar will be three hours in duration.

Seminar leaders, national authorities in their fields, have been selected for their ability to present subject matter in an exciting and effective manner. Discussion topics will be those of current relevance to those practitioners who take care of children.

Director: Dr. Morris Green, Chairman and Professor of Pediatries.

Cancer of the Breast — A Multidisciplinary Approach
May 12, 1972

Emphasizing the multidisciplinary approach, this postgraduate course reviews for the practicing physician the recent advances in diagnosis and management of breast cancer. Nationally known speakers in the field of oncology will join selected members of the Indiana University School of Medicine faculty to present this program.

Co-sponsored by
Indiana Regional Medical Program

Director: Dr. Ned B. Hornback, Chairman and Associate Professor of Radiation Therapy.

What's New in Ob-Gyn?
May 19-20, 1972

This two-day program will review newer concepts and techniques in the practice of obstetrics and gynecology. Out-of-state specialists will join faculty of the Indiana University Medical Center to discuss various clinical problems, those both common and unusual. Topics will range from specific disease entities to the delivery of obstetrical care. Inviting active involvement of participants, the course director plans for ample time for discussion among all participants and invites suggestions from enrollees prior to the program.

Since this course will be during the week of qualifications for the 500-Mile Race, participants may wish to participate in both the social and academic environment of Indianapolis in May.

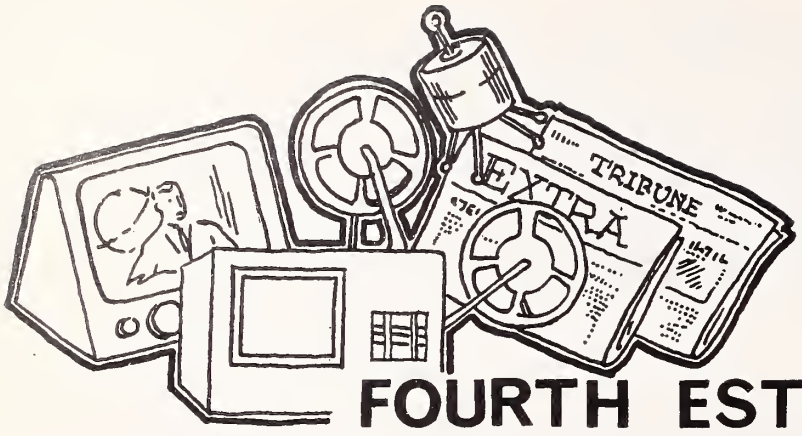
Director: Dr. Wayne L. Johnson, Professor of Obstetrics and Gynecology.

Supervised Psychotherapy

This course consists of eight one-hour sessions in which the trainee-physician consults with a psychiatrist on the treatment and management of cases with emotional difficulties. The preceptor-psychiatrist and trainee-physician are to work out a mutually agreeable schedule of sessions. Consultations will deal with physician-trainees understanding and helping the patient.

This course is limited to physicians who have completed one of the courses in psychiatry offered by the University. Enrollment is limited. Preference will be given to those who apply first. The trainees will be matched with supervisors.

Physicians interested in the above course may contact Dr. Toner M. Overly, Department of Psychiatry, I.U. Medical Center, 1100 West Michigan Street, Indianapolis 46202. ◄



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Offutt Keeps His Cool

Cheers for Commissioner A. C. Offutt and Indiana's State Board of Health. Unlike nervous counterparts elsewhere, they've handled a vague environmental scare with calm good sense.

The scare involved traces of polycholorinated biphenyls (PCB) found in the first coho to return to the Indiana streams in which they were planted.

Earlier, Michigan had magnified the PCB treat by stopping coho giveaways and issuing ominous pronouncements. Indiana's health authorities hit no such panic buttons, merely citing the facts.

A news release said PCB "in excess of tolerance" set by the U.S. FDA had been found in Indiana's returning coho, but quickly added this:

"Dr. Offutt pointed out that all available evidence indicates that PCB's are less toxic than DDT, which is one of the safest of pesticides in terms of acute toxicity. However, since long-range feeding studies have not been completed, the chronic toxic effects of PCB have not yet been established."

In view of PCB's "moderate toxicity" and the coho's limited availability, Dr. Offutt's health warning was confined to this: Avoid using returning coho "as a staple food source."

No problem there. Only a rare few sport fishermen can get enough Lake Michigan salmon to make them a staple, or principal food source — and then only for a few weeks during the fall spawning season. (Earlier tests gave Indiana's spring-caught salmon a clean bill of toxicity.)

The state will continue to collect and analyze weir-trapped salmon as long as Indiana's spawning run continues, Dr. Offutt said. Any significant toxicity changes will be reported promptly.

Meanwhile, don't be afraid to eat that occasional fall coho — if you can get one. And give thanks for a State Board of Health not prone to panic in a nervous age.—*Frankfort Morning Times*, Nov. 10, 1971.

Nitpicking!

Drug abuse from both legal and illegal sources continues to mount. Solution of the problem is not helped by misinformation or nitpicking at the pharmaceutical companies. Indiana's Eli Lilly Company is taken to task by Jack Anderson today because drug users abuse its analgesic Darvon.

Enough of what Anderson says has an element of truth to lend credence to his charges to the uninformed reader. In actual fact Darvon was developed as a substitute for codeine. It is for most patients a powerful painkiller. While it is compounded with the salicylates its basic ingredient propoxyphene hydrochloride is chemically closer related to methadone, but cannot — as methadone — be used as a substitute for heroin or morphine addiction.

Darvon was originally thought not to be addictive as is codeine, but has turned out to create psychological dependency as does most any powerful drug including marijuana.

The Lilly company for several years placed a ball of pure propoxyphene in each capsule. The kids caught on to this one quickly, removed the ball and used it as the pure stuff. Anderson fails to mention that Lilly immediately removed the ball and reconstructed the salts in Darvon. For millions of persons using it legally, Darvon has been a medical blessing. To blame Darvon or Lilly for misuse is like blaming the sun for a sunburn.

Drug abusers do go from doctor to doctor obtaining multiple prescriptions for this and other drugs. Locally at least, our pharmacists are aware of the multiple use of prescriptions and periodically check with each other when such a situation appears to be developing. Druggists have been forced to remove their disposable hypodermic syringes and needles — a boon to diabetics — from public display and you must now ask the pharmacist for them. They, too, are doing their part in the battle against illicit use of drugs. Several local drugstores have quit stocking empty capsules after they discovered sales to young people were increasing.

The physicians, pharmaceutical companies and pharmacists that we have checked have acted in a most responsible manner in attempting to stem drug abuse.

They deserve better than being subjected to nationwide nitpicking in order to create a sensational column!

—*Warsaw Times-Union*, Nov. 18, 1971. ◄

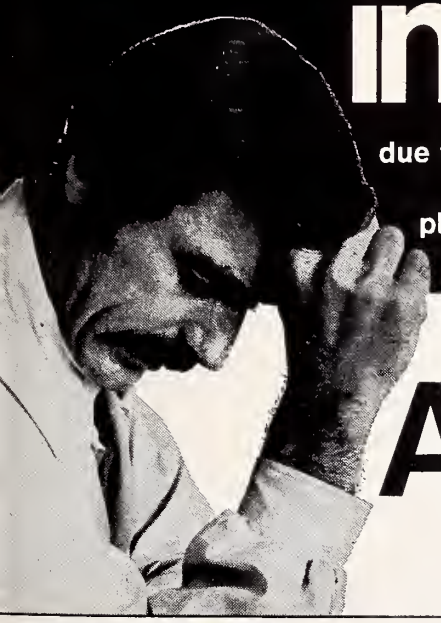
The treatment of

impotence

due to androgenic deficiency in the American male. The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society



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Double-Blind Study and Type of Patient: 100 patients suffering from impotence. Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% on placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

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Dose: 1 tablet 3 times daily.
Available:
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Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
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Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
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Android-Plus
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Each white tablet contains:
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Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
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Available: Bottles of 60, 500.

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Oublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, O. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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From *The Journal* 50 Years Ago

Experimental evidence to explain the probable *modus operandi* of focal infection has been accumulating. Forssner, using streptococci that did not show specific pathogenicity for the kidney, cultured them in kidney tissue and kidney extract, after which they developed special affinity for kidney tissue when injected intravenously into animals. Rosenow, while studying the transmutations within the streptococcus-pneumococcus groups, noted that as avirulent strains were passed through animals they acquired increasing virulence and exhibited a selective affinity for certain tissues. Thus it occurred to him that a similar mechanism might obtain in diseases focal in origin. For example, only a streptococcus low in the scale of virulence was found capable of producing chronic infectious endocarditis, while this same organism with its virulence increased by repeated subculture was capable of producing malignant endocarditis!

What determines the specific invasive powers of an organism is not clear. Evans points out that the *Treponema pallidum* may invade the uninjured mucous membrane of the lip and that the gonococcus may invade the mucous membrane of the conjunctivae, while these structures are peculiarly resistant to invasion by other organisms, indicating that certain organisms have specific invasive powers. Evans believes that tissues with intrinsically poor blood supply are favorable to localization since the low supply of food and oxygen allows bacteria of low virulence but highly sensitive to oxygen to obtain a foothold. Rosenow believes that in regions of low blood supply a gradation of available oxygen affords optimum conditions for the growth of bacteria.

Dissemination of bacteria from foci of infection occurs by way of the lymphatics or the blood stream. Experimental evidence indicates that the latter is the most frequent avenue of infection and that the invasion is embolic in character! "Bacteria Recovered Postmortem with Special Reference to Selective Localization and Focal Infection," Arlie R. Barnes, M.D., and Alfred S. Giordano, M.D., Rochester, Minn., *JISMA*, January 1922.



Blue Shield Offers Two New Publications

TWO recent publications of interest to physicians throughout Indiana are now available from Indiana Blue Shield.

One of the booklets is the annual publication, "The Chairman of The Board Reports To You," which includes the yearly Blue Shield report to the House of Delegates of the Indiana State Medical Association delivered by Board Chairman Dr. Joseph M. Black. It presents a study in depth of the previous year along with a brief review of accomplishments during Blue Shield's 25 years of service.

Included are a financial statement of Indiana Blue Shield, statistics on part B Medicare payments, charts on percentage of membership fee dollar returned, membership growth since 1946 and payments for doctors' services, along with individual photos of the Blue Shield Board of Directors and a listing of various Blue Shield committees.

The other publication is an informative, statistical booklet entitled "Indiana Blue Shield Presents Your Health Care Dollar," featuring a unique approach with a theatre program theme and format.

Billed as "A two-act story of what happens to a dollar spent for health care after it leaves your pocket," the booklet contains data on consumer price indexes, Blue Cross and Blue Shield state average costs, Indiana's health care bill, percentages of the consumer dollar spent on health care, test of performance charts, inpatient cost per day figures for the past six years, Blue Shield enrollment by Plan, and a "Finale" as the curtain drops on Act II.

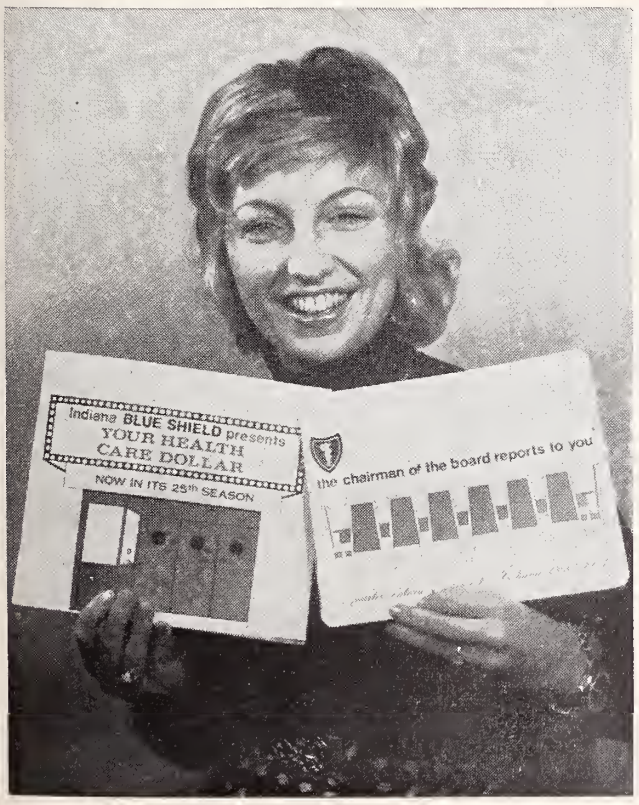
The "Health Care Dollar" presents statistical information of interest to Hoosier physicians with accompanying artwork and illustrations. The Health Care Dollar chorus line separates the first and second "acts" of the production.

Copies of the former booklet were received by Indiana physicians attending the annual ISMA House of Delegates meeting in October, while "The Health Care Dollar" was recently distributed to Blue Shield Advisory Council members at their district meetings.

Physicians who would like a copy of these publications may request them by clipping and completing the order blank indicating the publication they desire and mailing it to the address at the top.

Since the supply is limited, orders will be filled on a first-come, first-serve basis.

The two booklets are significant in illustrating Indiana Blue Shield's role in health care and provide insight into the performance of Blue Shield service to its members during the past year. ◀



DISPLAYING two new Indiana Blue Shield publications now available to physicians is Miss Linda Buis, a Secretary in Blue Shield Professional Relations. The booklets may be obtained by completing the coupon order blank below and mailing it to Indiana Blue Shield.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November 1971

Disease	Nov. 1971	Oct. 1971	Sept. 1971	Nov. 1970	Nov. 1969
Animal Bites	644	920	1236	601	626
Chickenpox	214	174	20	182	252
Conjunctivitis	139	124	146	133	74
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	13	14	42	14	26
Gonorrhea	546	767	910	663	637
Impetigo	192	218	235	172	169
Infectious Hepatitis	42	43	60	49	62
Infectious Mononucleosis	100	109	85	99	84
Influenza	1361	1391	584	1545	1076
Measles					
Rubeola	118	15	18	3	8
Rubella	62	40	72	53	67
Meningococcic Meningitis	4	4	1	2	3
Meningitis, Other	8	1	4	3	1
Mumps	85	92	37	243	206
Pertussis (Whooping Cough)	4	0	6	4	6
Pneumonia	297	262	209	455	278
Poliomyelitis (onset date 7/10)	1	0	0	0	0
Streptococcal Infections	758	662	639	668	556
Syphilis					
Primary & Secondary	31	27	28	18	48
All Other Syphilis	70	83	120	87	94
Tinea Capitis	2	0	4	2	2
Tuberculosis (Active)	68	61	74	76	59

SEVENTEENTH **ANNUAL**

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ABSTRACTS, BOOK REVIEWS

BIOLOGY OF MEMORY

Symposium held in Hungary Sept. 1969; edited by G. Adam, Plenum Press N.Y., 1971; 372 pages with numerous figures and tables; $22.50.

The electron microscope, the double helix and thin layer chromatography have given us tools for exploring items several magnitudes smaller than previously possible. Within the last decade there has been a veritable illumination of the previously invisible. In addition to this study, just within the last month I have come across "Developmental Neurobiology"; the same title was used by Himwich in a volume I reviewed for JISMA. Also, may I call your attention to a magnificent series on the lay level published in *Life*, no less.

The usual three dozen or so experts have presented their research work and discussed critically their results. The one-half dozen sections are eloquent by their very titles: "Mechanisms of Macromolecular Storage," "Chemical Transfer Problem," "Role of Transmitter Substances," "Theoretical Biology and Memory," etc. Then—quite suddenly—the word, HYSTERESIS, learned long ago in high school physics, came to mind. Look it up! If a ferro-magnetic or imperfectly elastic inorganic material can exhibit this property, well, then why not certain organic substances of low molecular weight whose precise chemistry is being adumbrated? To me, this made sense.

The volume itself is on slick paper and good binding but it has *very* grave defects. I resent the total absence of pp. 257 through 272. There were articles that I would have wanted to read. Also, the translations are rather full of solecisms and barbarisms, to say nothing of misspellings of the simplest words. But then one cannot have everything.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

EFFECTS OF LONG-TERM ADMINISTRATION OF ESTROGEN ON OCCURRENCE OF MAMMARY CANCER IN WOMEN

J. C. Burch and B. F. Byrd, Jr. (St. Thomas Hospital, Nashville, Tenn. 37203)

Ann. Surg. 174:414-417 (Sept.) 1971.

In a series of 511 women followed for nine or more years, there has been an incidence of tumors of the breast and of mammary cancers which is essentially the same as that which would be anticipated in a group of women of comparable ages. The single difference is that the mammary cancers occur apparently ten years later than the cancers in an unselected population group. The mortality rate is zero and there is no evidence to support a stand that estrogens contribute to incidence of mortality from mammary cancer. The administration of estrogens is associated with a drop in the anticipated incidence of all cancers and particularly those other than malignancies of the breast. The administration of estrogens over a long period of time produces a very favorable decline in the real mortality rate, and further study of these most interesting facets of long-term estrogen therapy will hopefully give some lead into the mysteries of aging.

GRANULOMATOUS BOWEL (CROHN'S) DISEASE

H. Fromm et al. (J. A. Balint, Albany Medical College, Albany, N.Y. 12208)

Arch. Intern. Med. 128:739-745 (Nov.) 1971.

Ninety-two patients had regional enteritis or granulomatous colitis, or both. The variable nature of this disease and the difficulty of evaluating therapy are illustrated by patient summaries. Site and extent of bowel involvement at the same time of diagnosis did not influence prognosis. Mortality, operation rate and number of complications were similar in steroid- and non-steroid-treated patients when they were matched retrospectively by age, sex, site and extent of disease. An actuarial analysis of results of surgical therapy suggested a higher risk of recurrence and consequent further resection after each additional major operation. Presence of Crohn's disease indicated need for supportive medical care. If this fails, steroid therapy should be given a trial. Surgical intervention should be reserved for patients with mandatory surgical indication and those with incapacitating symptoms which have failed to respond to medical therapy.

LONG-TERM EFFECT OF MOVING ON PATIENTS WITH ASTHMA AND HAY FEVER

J. M. Smith (Dept. of Internal Medicine, Univ. of Iowa, Iowa City 52240)

J. Allergy. Clin. Immunol. 48:191-199 (Oct.) 1971.

A follow-up study was made of allergic alumni seen in the University of Iowa clinics for the last 15 to 25 years. Correspondence with the patients served to gather information on the long-term effect of a change in locale. The patients were from the Midwest, where *Alternaria* mold and ragweed are the major allergens to which exposure is very heavy. Sixty-two percent of the patients remaining in the Midwest considered themselves much better than they were years ago; 83% of those who had moved west regarded themselves as well or much better, and in 71% this change had occurred promptly after moving. Improvement experienced in the first year usually was maintained, the development of clinically significant new allergies being uncommon. Fourteen of the 29 patients who had not done well over the years described themselves as having nasal polyps.

MAGNESIUM DEPLETION IN CHILDREN

I. Harris and A. W. Wilkinson (Institute of Child Health, London)

Lancet 2:735-737 (Oct. 2) 1971.

Magnesium depletion was established by Thoren's test in 20 of 29 infants and children in whom it was suspected. Their ages varied from 10 days to 7 years and 4 months. The most important cause of depletion was the repeated passage of watery stools

regardless of the specific cause; starvation was often a contributory cause. Deplete patients lost very little magnesium in the urine. Treatment with magnesium salts may have rapid beneficial effects.

INDICATIONS FOR ORAL GLUCOSE TOLERANCE TESTS DURING PREGNANCY

N. G. Soler (General Hosp., Birmingham, England) and J. M. Malins

Lancet 2:724-726 (Oct. 2) 1971.

Diabetes was uncommon among women referred by obstetricians for 50-gm oral glucose tolerance test (GTT) during the third trimester of pregnancy; it was found in only eight of 200 women investigated. Of these eight diabetics, one had a history of a stillbirth, two had glucosuria in pregnancy and five had first-degree diabetic relatives. In urines collected after meals a single finding of glucosuria can be ignored in the absence of a family history of diabetes or of a history of previous abnormal GTT, stillbirths, or large babies, but two or more tests showing glucosuria in excess of "light" Clinistix or "trace" Clinitest call for investigation even when there are no other pointers to the diagnosis of diabetes.

POSSIBLE AIRBORNE SPREAD OF SERUM HEPATITIS VIRUS WITHIN HEMODIALYSIS UNIT

J. D. Almeida et al. (Royal Postgraduate Medical School, London)

Lancet 2:849 (Oct. 16) 1971.

An outbreak of Australia (Au) antigen-positive hepatitis in a hemodialysis unit seems to have been due to a specific incident, when a considerable amount of Au-antigen-positive blood was spilled. If the reasoning presented is correct, then hemodialysis units will have to take precautions against the airborne spread of the serum hepatitis virus.

ANESTHESIA, PREGNANCY, AND MISCARRIAGE: STUDY OF OPERATING ROOM NURSES AND ANESTHETISTS

E. N. Cohen, J. W. Bellville and B. W. Brown, Jr., (Stanford Univ. School of Medicine, Stanford, Calif. 94305)

Anesthesiology 35:343-347 (Oct.) 1971.

A survey was undertaken to evaluate the possible relationship between spontaneous miscarriage and exposure to the operating room. The study was carried out by personal interview of 67 operating room, and 92 general duty nurses. During the years 1966 to 1970, 29.7% of pregnancies in operating room nurses ended in spontaneous miscarriage, compared with only 8.8% in the control group. A similar pattern was observed in a second study of 50 anesthetists and 81 physicians practicing in specialties other than anesthesia. During the six-year period 1965 to 1970, the anesthetists evidenced a 37.8% spontaneous miscarriage rate, compared with 10.3% in the control group. Miscarriages occurred earlier in both operating room nurses and anesthetists compared with their control groups. ◄

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ACTIONS: *Microbiology:* Phenoxymethyl penicillin exerts high *in vitro* activity against staphylococci (except penicillinase-producing stroins), streptococci (groups A, C, G, H, L, and M) and pneumococci. Other organisms sensitive to phenoxymethyl penicillin are *Corynebacterium diphtheriae, Bacillus anthrocis,* Clostridia, *Actinomyces bovis, Streptobacillus moniliformis, Listerio monocytogenes,* Leptospira, and *Neisseria gonorrhoeae. Treponema pollidum* is extremely sensitive. *Phormacology:* Phenoxymethyl penicillin is more resistant to inactivation by gastric acid than penicillin G. It may be given with meals and average blood levels are two to five times higher than the levels following the same dose of oral penicillin G. Once absorbed, phenoxymethyl penicillin is obout 80% bound to serum protein. Tissue levels are highest in the kidneys, with lesser amounts in the liver, skin, and intestines and small amounts in all other body tissues and cerebrospinal fluid. Only about 25% of the dose given is absorbed. In neonates, young infants, and individuals with impaired kidney function, excretion is considerobly delayed.

INDICATIONS: Phenoxymethyl penicillin is indicated in the treatment of mild to moderately severe infections caused by penicillin G-sensitive microorganisms that are sensitive to the low serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response. Culture and sensitivity testing are especially important in suspected staphylococcal infections because increased resistance has been reported. Phenoxymethyl penicillin is not active against penicillinase-producing bacteria.

Note: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, and arthritis should not be treated with phenoxymethyl penicillin during the acute stage.

Indicated surgical procedures should be performed.

Medical conditions in which oral penicillin therapy is indicated as prophylaxis: For the prevention of recurrence following rheumatic fever and/or chorea. To prevent bocteriol endocarditis in patients with congenital and/or rheumatic heart lesions who are to undergo dental procedures or minor upper respiratory tract surgery or instrumentation.

Note: Oral penicillin should not be used as adjunctive prophylaxis for genitourinary instrumentation or surgery, lower intestinal tract surgery, sigmoidoscopy and childbirth.

CONTRAINDICATION: A previous hypersensitivity reaction to any penicillin.

WARNINGS: Serious ond occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in potients on penicillin theropy. While more frequent following parenteral therapy, anaphylaxis has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

Some individuals with a history of penicillin hypersensitivity reactions have experienced severe hypersensitivity reactions from a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines and corticosteroids.

PRECAUTIONS: Penicillin should be used with caution in individuals with histories of significant allergies and/or asthma.

The oral route of administration should not be relied on in patients with severe illness, or with nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility.

Occasional potients will not absorb therapeutic amounts of orally administered penicillin.

In streptococcal infections, therapy must be sufficient to eliminate the organism (10 days minimum); otherwise the sequelae of streptococcal disease may occur. Cultures should be token following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote the overgrowth of nonsusceptible organisms, including fungi. Should superinfection occur, appropriate measures should be taken.

ADVERSE REACTIONS: While the incidence of reactions to oral penicillins is much less than with parenteral therapy, it should be remembered that all degrees of hypersensitivity, including fatal anaphylaxis, have been reported with oral penicillin.

The most common reactions to oral penicillin are nauseo, vomiting, epigastric distress, diarrhea, and black hairy tongue. The hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema, and anaphylaxis. Fever and eosinophilia may frequently be the only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy, and nephropathy are infrequent reactions and are usually associated with high doses of parenteral penicillin.

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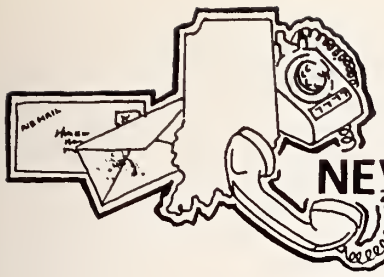
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NEWS NOTES

Present $100,000 Gift to I.U. School of Medicine

The Indiana Medical Education Foundation, representing Indiana's practicing physicians, has presented a $110,000 gift to the Indiana University School of Medicine to support program development and fellowships for medical students.

The grant from the foundation, which is affiliated with the Indiana State Medical Association, provides $45,000 for the new Department of Family Medicine, $30,000 for the school's new program in nuclear medicine. $15,000 for medical student fellowships, $4,000 for lecturers and the joint ISMA-School of Medicine medical civics course, and $16,000 for the school's surgery department.

These funds all represent gifts from physicians to support the School of Medicine and its programs.

Since the foundation was organized in 1953, its supporters have provided more than $811,000 for the School of Medicine.

The Indiana Medical Education Foundation is organized to represent both the School of Medicine and ISMA.

The ISMA representatives on the foundation board are Dr. Donald E. Wood of Indianapolis; Dr. Roy A. Geiger of Indianapolis; Dr. Joe Dukes of Dugger; Dr. Lester Bibler of Indianapolis; Dr. Bernard Hall of Logansport; and Dr. Jack Hall of Indianapolis. Dr. Peter R. Petrich of Attica is president of ISMA.

Pathologists Elect Dr. Pontius

Dr. Edwin E. Pontius, Indianapolis, was elected vice-speaker of the House of Delegates of the College of American Pathologists at the recent annual meeting in Boston.

Receives Claude Bernard Medal

Professor William F. Bousquet of Purdue School of Pharmacy and Pharmacal Sciences has received the Claude Bernard Medal for his work on the effects of hormones on the action of drugs. The Medal is awarded annually by the Institute of Medicine and Experimental Surgery of the University of Montreal for outstanding work in pharmacology.

Doctors Named to State Posts

Drs. Joseph M. Black and Kenneth E. Bobb, Seymour, have been appointed to state posts by Governor Edgar D. Whitcomb.

Dr. Black has been reappointed to serve a four-year term on the Indiana Tuberculosis Council. His term will expire July 1, 1975.

Dr. Bobb has been appointed as the representative from the executive board of the Indiana State Board of Health to the Hospital Licensing Council. His selection was made by the executive board.

Dr. Hugh K. Thatcher, Indianapolis, was appointed chairman of the hospital licensing council, succeeding **Dr. Earl W. Mericle,** who resigned.

Also named to the state tuberculosis council was **Dr. Rex L. Thoman, Indianapolis,** who will serve until July 1, 1974.

Basic Psychiatry for Family Medicine Courses to Be Sponsored by IAFP

Continuing education for those interested in basic psychiatry for family medicine is being sponsored by the Indiana Academy of Family Physicians Mental Health and Alcoholism Committee.

Course I consists of 30 two hour sessions for 60 hours of American Academy of Family Physicians credit.These courses are presently being held in Indianapolis, Program Director John Dugan, M.D.; Evansville, Program Director Raymond Nicholson, Jr., M.D., South Bend, Program Director Robert Nelson, M.D., and Fort Wayne, Program Director Robert Bahr, M.D. For further information on the courses, contact the program director in your area.

Additional courses are being planned in other areas of the state and information on these will be published soon.

Course I will cover basic psychiatry for family medicine, developing a useful technique (how and when to start, how to listen, how and when to stop); identifying and interpreting verbal and non-verbal communications; emotional overlay of organic illness; early signs of major mental illness; about ourselves as we relate with patients and useful psychological testing for primary psychiatry.

Registration fee for 30 sessions is $100.00.

A second course is being scheduled for 1972 and will cover such areas as psychotherapy for family medicine; the therapeutic use of the self; the drug "Doctor"; proper care of a number of specific conditions; group technique, etc.

Course I must be completed as a prerequisite for registration in Course II.

PMA President Named

C. Joseph Stetler, President of the Pharmaceutical Manufacturers Association, has been appointed to a committee which will advise the Cost of Living Council on the control of health care costs.



DR. Irvine H. Page, Cleveland, and Dr. Donald E. Wood, Indianapolis, were caught in a relaxed moment by The Journal photographer at the 1971 ISMA convention.



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Dr. Fischer Elected Vice President

Dr. A. Alan Fischer, Indianapolis, was elected vice-president of the American Academy of Family Physicians during the recent annual meeting in Miami. At the same meeting the change of name from American Academy of General Practice was validated by the delegates.

Community Hospital Head Chosen

Mr. Allen M. Hicks has been chosen as the Executive Vice President of Community Hospital in Indianapolis. Mr. Hicks has enjoyed a distinguished career as a hospital administrator. He comes to Indianapolis from the position of Executive Vice President of the Illinois Masonic Medical Center in Chicago.

Alcoholism Booklet Offered

"Alcohol, Some Questions and Answers" is the title of a small educational folder published by the Public Health Service. It is suitable for distribution to lay groups. It is available from the U. S. Government Printing Office, Washington, D.C. 20402, at 15 cents per copy or $11.25 per 100 copies.

Physical Therapy Film Available

Geriatric Pharmaceutical Corporation has made available prints of a 16 minute, 16 millimeter, color and sound film entitled "Decision".

The film is tailored to students at the high school or early college level, and portrays the background and activities of the physical therapist. It follows the activity of the therapist through his professional training and practice, in the classroom, in the hospital, in the office and in the home. The film is strictly non-commercial, no products or devices are advertised or recommended.

"Decision" is of invaluable assistance to R.P.T.'s who are called upon by civic and other groups to talk about their work, since its comprehensive explanations cover virtually every facet of the profession. It can simplify and shorten the oral explanation by the R.P.T. and has been found to generate a lively "question and answer" period after its viewing.

The film is especially valuable for administrators and educators, for viewing by students who might be interested in pursuing a career in Physical Therapy.

Arrangements for booking on loan can be made by writing to Mr. Gustave Bardfeld, Director of Clinical Research, Geriatric Pharmaceutical Corporation, 397 Jericho Turnpike, Floral Park, N. Y. 11001.

Cleveland Clinic Schedules Three Postgraduate Courses

Three postgraduate courses have been announced by the Cleveland Clinic Educational Foundation for February.

The first one is GENERAL PRACTICE, to be held on February 2 and 3.

The second one is THYROID DISEASE AND HYPERPARATHYROIDISM, to be held on February 9 and 10.

The third one is LEARNING DISABILITIES AND THE PHYSICIAN, to be held on February 23. ◄

New Indiana Law Pertaining to Chronic Renal Disease Program

HOUSE ENROLLED ACT No. 1154

AN ACT to amend IC 1971, 16-2 by adding a new chapter to establish a chronic renal disease program.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 1971, 16-2, is amended by adding a new chapter to read as follows:

Chapter 4. Renal Disease Program.

Sec. 1. (Definitions) As used in this chapter unless otherwise provided:
(a) The term "board" means the State Board of Health.

(b) The term "commissioner" means the Commissioner of the State Board of Health.

(c) The term "committee" means the Renal Disease Advisory Committee.

Sec. 2. (Creation: Program) The board shall establish a program for the purpose of prevention, care and treatment of chronic renal disease.

Sec. 3. (Advisory Committee) The commissioner shall appoint a renal disease advisory committee to consult with the board in the administration of this chapter.

Sec. 4. (Committee: Membership) The committee shall be composed of eleven (11) persons representing hospitals and medical schools with established dialysis centers, voluntary agencies interested in kidney diseases, local public health agencies, physicians licensed to practice medicine in all of its branches, and the general public. At least five (5) members shall be physicians licensed to practice medicine in Indiana.

Sec. 5. (Committee: Term of Office) Each member shall hold office for a term of four (4) years and until his successor is appointed and qualified, except that the terms of the members first taking office shall expire, as designated at the time of appointment, two (2) at the end of the first year, three (3) at the end of the second year, three (3) at the end of the third year, and three (3) at the end of the fourth year.

Sec. 6. (Committee: Vacancy) Any person appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of the term.

Sec. 7. (Committee: Meeting) The committee shall meet on the call of the commissioner, but not less than once each year.

Sec. 8. (Committee: Compensation) The committee members shall receive no compensation but shall be reimbursed for actual expenses incurred in carrying out their duties as members of this committee.

Sec. 9. (State Board of Health: Powers) The board shall:
(a) Develop programs for the prevention, care, and treatment of persons suffering from chronic renal diseases, including dialysis, transplantation, and other medical procedures and techniques which will have a life-saving effect;

(b) Set standards for dialysis and other treatment centers within these programs;

(c) With the advice of the committee, develop standards for determining eligibility for care and treatment;

(d) Extend financial assistance to persons suffering from chronic renal diseases for obtaining necessary medical, nursing, pharmaceutical, and technical services, including the rental or purchase of home dialysis equipment;

(e) Institute an educational program among physicians, hospitals, public health departments, and the public concerning chronic renal diseases, including the dissemination of information;

(f) Establish necessary rules and regulations.

Sec. 10. (Financial Assistance) Financial assistance shall be available to individuals who are unable to pay for such services on a continuing basis.

SECTION 2. (Appropriation) There is appropriated from the state general fund to the State Board of Health for the fiscal year 1971-1972 the sum of two hundred fifty thousand dollars ($250,000) and a like sum for the fiscal year 1972-73 for carrying out the provisions of this act.

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What's New?

Stryker has an Intensive Care and Recovery Room stretcher which is equipped to be the patient's bed and operating table as well as his transportation through the hospital. It has a head elevator and a mattress-type pad. There are a variety of accessories such as IV rods, personal effects basket, four-wheel brakes, footboard, drainage bottle and oxygen bottle holder and chart holder. Purchaser may custom order.

* * *

New Book—DRUGS: WHAT THEY ARE-HOW THEY LOOK-WHAT THEY DO, a clear simple handbook. For understanding or teaching. For you, your group, students, parents, 14-year-olds, 40-year-olds. Viking Press. Frank Gannon—author. Price $6.95.

* * *

Syntex is introducing a topical corticosteroid which is effective as adjunctive therapy in treatment of psoriasis, atopic dermatitis and other steroid-responsive dermatoses. The drug is called Lidex. It is a formulation of .05% fluocinonide in FAPG cream. The base enhances the therapeutic value of the agent.

* * *

Stryker has an X-Ray Department stretcher which is equipped to accept a full-length film cassette and provide access for an Image Intensifier Unit. It has a 2-inch conductive pad for comfort, and a full-length cassette tray which slides beneath the litter. Optionals include folding IV rods, drainage bottle and oxygen bottle holders, side rails, footboards and four-wheel brakes.

* * *

Scott Medical Products announces a new, dependable, completely self-contained, portable solid state oxygen system for first aid and medical treatment. The system does away with "high pressure gaseous" systems. The portable model will furnish oxygen for one-half hour at the rate of 3 liters per minute. The system, called Med-Ox Solid State Oxygen, comes in single or double Paks, complete with mask accessories, flow indicator, shoulder strap and a built-in relief valve.

* * *

Webber of Indianapolis announces a new 9-cubic-foot low temperature freezer for pharmaceutical and biological storage. It functions at 50 below and has a dual refrigeration system. Each system is complete within itself and either can be serviced while the other one is operating. A battery operated alarm announces any malfunction.

* * *

Reusable Cryogel cold packs are being introduced by the 3M Company. The pack consists of a soft plastic bag filled with a gel which remains flexible under low temperatures. They are stored in a refrigerator or freezer, can be recooled after use as a cold pack. and reused many times. They measure 4¼ by 10½ inches.

* * *

Prosthetic Care for the Medicare Patient



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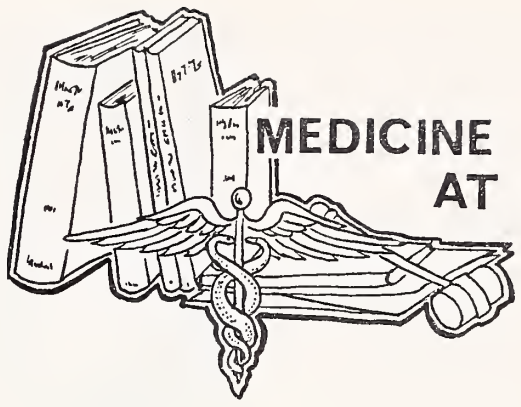
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County Medical Association's Ethics Investigation Upheld— A physician and a private corporation were denied their request that a court restrain a county medical association from investigating the physician's possible breach of medical ethics. The association alleged violation by the physician of the code of ethics of both the American Medical Association and the county medical association. The lawsuit of the physician and the corporation against the county medical association was properly dismissed by the trial court, a California appellate court recently ruled.

The private corporation "assists" the county in obtaining medical examinations for the recipients of the county's Aid to Totally Disabled program. The corporation transports the recipients from their homes to the offices of physicians for medical examinations. The physicians involved have either listed themselves with the corporation or are designated by the county. The corporation transcribes the medical examination reports of the physicians and does their billing and record keeping. For this, the corporation receives a portion of the fees paid to the physicians.

The physician filing suit participated in this operation. He received a letter from the Committee on Ethics of the county medical association. The committee indicated that it had learned that the physician had become associated with the private corporation, had sent a curriculum vitae to the corporation, and had offered his services to the patients provided by the corporation. The committee stated that, in its opinion, the physician had "been in violation of the Code of Ethics of the American Medical Association and the Los Angeles County Medical Association by engaging in the solicitation of patients." The Committee requested the physician to explain his activities and his relation to the corporation. A similar letter was received by other physicians participating in the corporation's program.

The physician wrote to the committee requesting a hearing. A few days later, without waiting for a reply, he and the corporation filed a lawsuit against the county medical association. They claimed that, because of the letters of the committee, physicians were fearful of participating in the corporation's program. They requested that the association be restrained "from making, writing or distributing any communication which states or implies or tends to state or imply that any determination has been made as to whether or not [the conduct of the physician] is ethical or not [*sic*] until a fair hearing has been granted."

The trial court dismissed the lawsuit without trial and the physician and the corporation appealed.

They contended that the action of the medical association constituted an unlawful interference with their contractual relations. The physician also claimed that the association had violated his rights to due process of law.

Affirming the dismissal, the appellate court noted that an interference with the contractual relations of others may be justified. Such justification depends on the circumstances. The social and private objective advanced by the interference must be weighed against the importance of the interest interfered with, the court said.

A special relationship exists between the association and its members, the court noted. The association has a justifiable concern with the ethical conduct of member physicians. Assuming that the association did interfere with the contractual relations of the physician and the corporation, the court ruled that such interference was justified.

The court also ruled that the physician's rights to due process of law had not been violated by the association. The committee's letter was only investigatory, the court pointed out, and no punitive action had been taken. Moreover, although the physician had requested a hearing, the lawsuit was filed only a few days after the letter was written. The committee had violated no substantial rights of the physician, the court ruled.—*Cal-Medicon v. Los Angeles County Medical Association*, 97 Cal. Rptr. 530 (Cal. Ct. of App., Sept. 20, 1971).

Peer Review Committee Records Held Protected—A 1971 Hawaii statute protecting the confidentiality of peer review committee records of medical societies and hospital medical staffs was upheld in a recent court action.

The executive director of the Hawaii Medical Association was subpenaed to produce all records and correspondence relating to a court action involving a dispute between two physicians. An objection to the subpena was sustained and the subpena was quashed.

In addition to protecting the confidentiality of records, the statute also

STATEMENT OF OWNERSHIP

Statement of ownership, management and circulation (Act of October 23, 1962; Section 4369, Title 39, United States Code)

1. Title of Publication: THE JOURNAL of the Indiana State Medical Association.

2. Date of filing: September 28, 1971.

3. Frequency of issue: Monthly.

4. Location of known office of publication: 3935 N. Meridian St., Indianapolis, Indiana 46208 — (Marion County)

5. Location of the headquarters or general business offices of the publishers: 3935 N. Meridian St., Indianapolis, Indiana 46208. — (Marion County)

6. Names and addresses of publisher, editor, and managing editor: Publisher. The Indiana State Medical Association, 3935 N. Meridian St., Indianapolis, Indiana 46208. Frank B. Ramsey, M.D., 8266 N. Meridian St., Room 705, Indianapolis, Indiana 46208, Editor.

7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given): Indiana State Medical Association, 3935 N. Meridian St., Indianapolis, Indiana 46208.

8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None.

9. For optional completion by publishers mailing at the regular rates (Section 132.121, Postal Service Manual)
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I certify that the statements made by me above are correct and complete.

James A. Waggener
Business Manager

AT LAW

Continued

provides that no person present at a meeting of a peer review committee shall be obliged to testify as to what occurred at the meeting. Among the specified exceptions to the privilege of confidentiality is any action against an insurance carrier alleging bad faith in refusing to accept a settlement offer within the policy limits.—Hawaii, H. B. No. 637, Act. 207, June 21, 1971; upheld, *Silver v. Gordon* (Cir. Ct., Honolulu, Hawaii, Sept. 21, 1971).

Failure to Prosecute Medical Malpractice Case Is Legal Malpractice—In a legal malpractice case based on a law firm's failure to prosecute a medical malpractice lawsuit, a California jury returned a $100,000 verdict against the law firm. The trial court later granted the law firm's motion for a new trial.

On October 28, 1958, a woman had a Pap smear taken. The report stated "diagnosis suspicious" and a biopsy was recommended. The surgeon did not perform a biopsy.

On January 16, 1959, the surgeon removed the patient's uterus and cervix. The pathology report indicated invasive cancer of the cervix. The patient was referred to a radiologist for x-ray treatments.

There was evidence that the preferred method of treatment of cervical cancer is placement of radium in an intracavitary location, together with a lesser roentgen dosage of x-ray treatment. Because intracavitary location had been removed by the operation, the x-ray treatments were increased by 800 roentgens.

The x-ray treatments were rendered from January 23, 1959, to March 9, 1959. As a result of the treatments the patient suffered a radiological burn to her back. The burn broke into an open ulcer two inches in diameter, requiring radical plastic surgery.

On March 29, 1962, the patient retained the law firm to represent her in a medical malpractice claim against the surgeon and the radiologist. The law firm filed suit against the physicians on May 8, 1962. However, the physicians were not served with summons within the following three years and the lawsuit was dismissed.

The patient then filed a legal malpractice lawsuit against the law firm. The law firm admitted malpractice. However, it denied that the patient was damaged by its malpractice. The law firm argued that there had been no medical malpractice for which the patient could recover damages. It also claimed that the medical malpractice action had been barred by the statute of limitations.

The jury returned a $100,000 verdict against the law firm. The trial court then granted the law firm's motion for a new trial.—*Schnurstein v. Belli, Ashe and Gerry* (Cal. Super. Ct., San Francisco Co., Docket No. 566476, 1971).



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* * *

Ames announces an automated slide stainer, the Ames CYTO-TEK, which will deliver Pap smear slides at the rate of one per minute. All required solutions and stains are automatically applied to the slide up to the time the cover slip is to be applied. CYTO-TEK will accommodate a load of up to 75 slides.

* * *

Will Ross offers a "one-time-use" Prep Shave Tray which virtually eliminates cross-contamination. The tray, which contains all supplies for the prep, has two deep compartments to reduce spilling and splashing.

* * *

Environmental Sciences Associates is offering a four-page brochure outlining the problem of lead poisoning of children and describing their technology and consulting services for establishing blood screening programs. They have a trace metal analyzer which performs on a small fingerprick of blood and can detect lead down to 0.2 parts per billion. The address is 175 Bedford St., Burlington, Mass. 01803.

* * *

Ames has a new serologic test, SERAMEBA,™ for amebic antibodies resulting from tissue invasion by Entameba histolytica. It is not intended to replace or substitute for stool examination or other immunodiagnostic methods of diagnosis, but will provide additional information. The result of the test may be read in five minutes.

* * *

Cenco Medical/Health has a new folding technic for their disposable gowns for surgeons. The gown opens automatically to full length as the surgeon spreads his arms after inserting his hands in the sleeves. No shaking or other aids are required.

* * *

Doubleday has a new book "Enjoying Food on a Diabetic Diet". It was written by a diabetic, Miss Edith Meyer, to catalog some standard recipes and to announce some new recipes of her own, all designed to make diabetic food as attractive as possible. It is also useful for those who wish to do low-calorie cooking. The book also contains advice on shopping, entertaining, eating out, menu planning and hints on how to mind the budget. 192 pages. $5.95.

* * *

The Harvard Apparatus Company is calling attention to its I-V clamp which is designed for precision control of intravenous drip rates. The precise control feature makes them especially valuable for use in kidney dialysis and in intensive care situations or in recovery rooms. They are durable and will provide years of service.

* * *

A new intravenous catheter technic is announced by Chesebrough-Pond's. They have an extremely pliable SILASTIC® silicone catheter which can be propelled thru a needle into a vein. After the needle is removed the catheter remains in place. Due to its softness and pliability vein damage, phlebitis and broken catheters are minimized. The new technic is called MEDI-CATH.™ The needle, catheter and all necessary tubing and equipment comes in one unit ready for use after it is filled with sterile intravenous solution.

* * *

Life Systems Operations announce the release of two new models of Tiltable Infant beds. Both may be tilted from side to side to prevent prolonged pressure. One of the models has adjustable arms for supporting tubes and hoses. The cradle is radiotransparent. Both units may be placed in any standard incubator or cradle warmer.

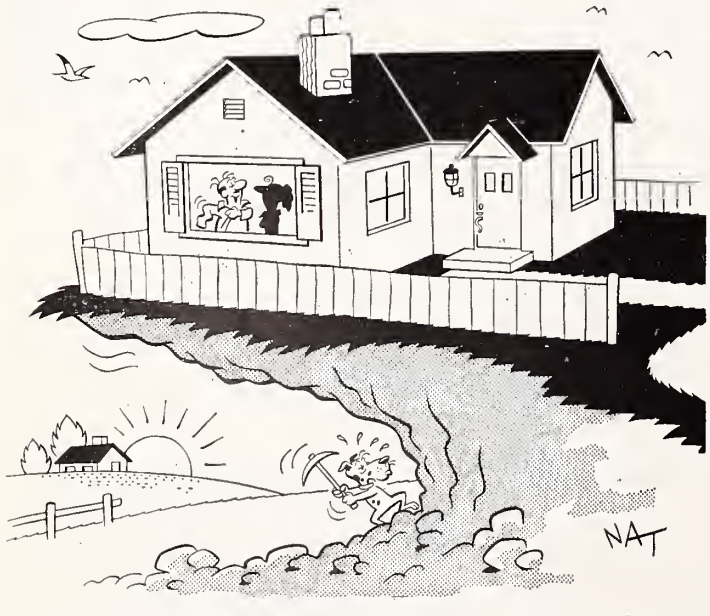
* * *

Electronic air cleaners are apt to increase the concentration of ozone. Dust Free Environments, Inc., has a new cleaner which removes pollen, dust, NO_2, SO_2, smoke, odors, bacteria, carcinogenic asbestos and benzopyrene, in addition to reducing ozone from its normal concentration of .007 parts per million to .001 ppm. The heart of the unit is a specially modified Honeywell air cleaner.

* * *

Syntex has a new nutritionally complete bland diet for tube or supplemental feeding. It is premixed, presterilized and ready for use. Comes in quart cans. It is named Nutri-1000 and provides 1.1 calories per cc, or 31.3 calories per fluid ounce.

* * *



I don't think Rover even knew we mixed oatmeal with his hamburger.

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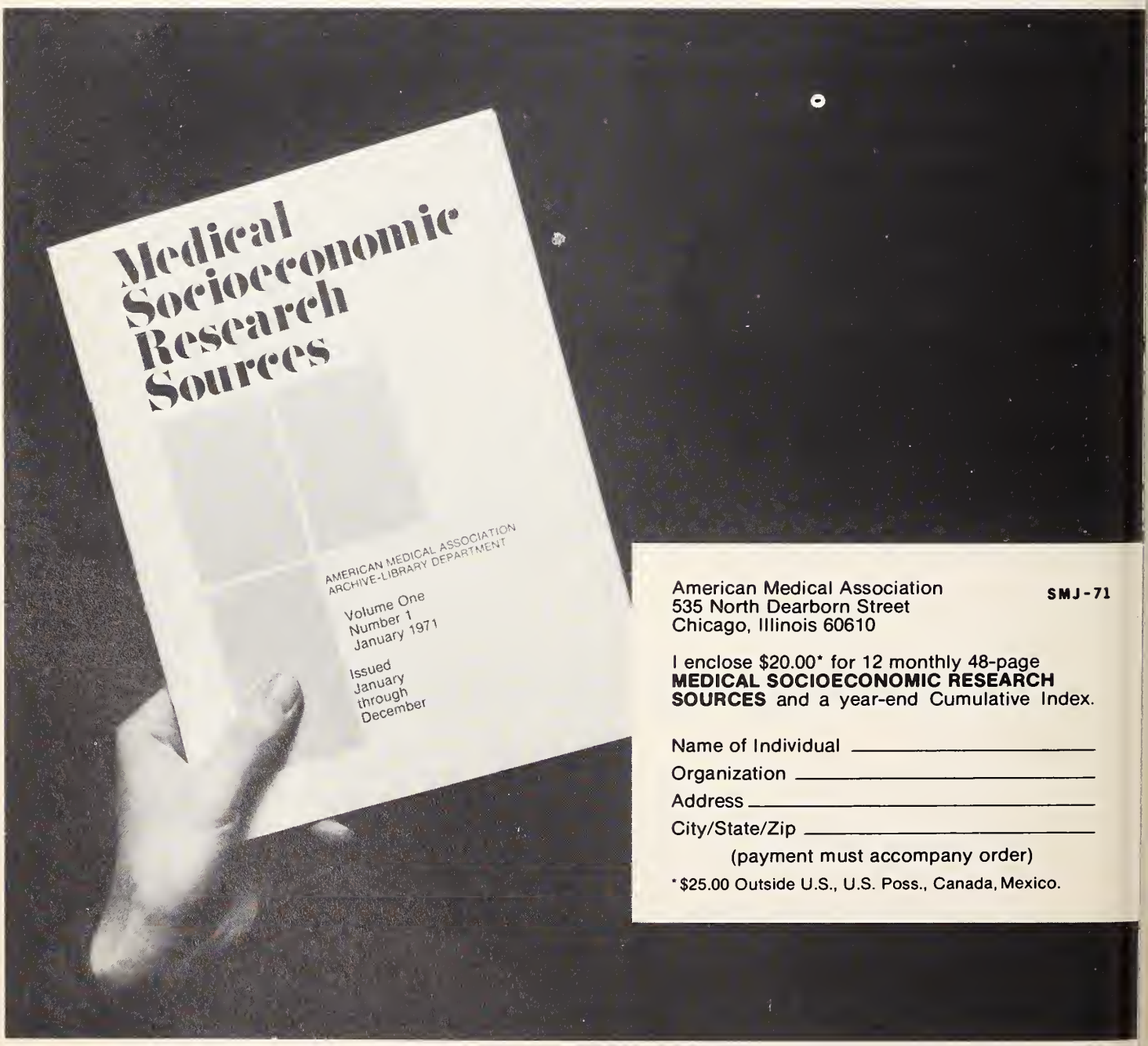
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New Indiana Act Pertaining to Medical Registration and Licensure

HOUSE ENROLLED ACT No. 1260

AN ACT to amend IC 1971, 25-22-5, concerning medical registration.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 1971, 25-22-5-1 (formerly Acts of 1965, c. 159, s. 1) is amended to read as follows: Sec. 1. Any United States citizen who meets the following minimum requirements shall be granted admission to the examination by the Indiana State Board of Medical Registration and Examination, and upon successful completion of said examination be granted a two (2) year temporary certificate to practice medicine, surgery and obstetrics, providing said applicant agrees to practice within the State of Indiana for two (2) years, under an approved preceptor. At the end of the two (2) year period he shall be granted a permanent unrestricted license to practice medicine, surgery and obstetrics without further examination, providing his preceptor certifies he has conducted an ethical practice and delivered quality medical care to his patients. Minimum requirements shall include:

(1) That he has successfully completed a minimum of at least two (2) years of post graduate training, satisfactory to said board in a hospital located in the United States meeing the standards of the Joint Commission on Accreditation or in other medical educational institutions located in the United States and meeting the standards approved by these nationally recognized medical accrediting bodies in the United States for purpose of graduate medical education training;

(2) That he has successfully graduated from a medical school located outside the United States and its possessions; or

(3) If he transfers to an accredited school of medicine located in the United States so as to take his final year of medicine in said school, and successfully graduates from said school receiving his Doctor of Medicine degree, then notwithstanding the other provisions of this section, he shall be granted admission to the examination by said board the same as any other American citizen graduating from an approved medical school located in the United States, providing he is a citizen of the United States.

SECTION 2. IC 1971, 25-22-5-2 (formerly Acts of 1965, c. 159, s. 2) is amended to read as follows: Sec. 2. Any person, not a United States citizen, who meets the following minimum requirements, shall be granted admission to the examination of the Indiana State Board of Medical Registration and Examination, and if successful in passing said examination, be granted a two (2) year certificate to practice medicine, surgery and obstetrics, providing said applicant agrees to practice within the State of Indiana for two (2) years under an approved preceptor. At the end of the two (2) year period he shall be granted a permanent unrestricted license to practice medicine, surgery and obstetrics without further examination, providing his preceptor certifies he has conducted an ethical practice and delivered quality medical care to his patients. Minimum requirements shall include:

(1) That he has been graduated from a medical school in a country other than the United States or its possessions.

(2) That he has a valid unlimited license to practice medicine, surgery and obstetrics in a country other than the United States.

(3) That he has successfully completed a minimum of two (2) years post-graduate training as an intern or resident in an accredited hospital within the United States, which is approved by the nationally recognized medical accrediting bodies in the United States for the purpose of graduate medical education and training.

(4) That he will file his application for permanent visa and the candidate swears he will become a citizen of the United States as soon as legally possible.

(5) That a complete transcript of his educational records, grades and diploma from his medical school be submitted in English translation.

SECTION 3. IC 1971, 25-22-5 (formerly Acts of 1965, c. 159) is amended by adding a new section to be known and numbered Section 3 to read as follows: Sec. 3. Any person holding a license to practice medicine issued by any state of the United States, and who would be entitled to have issued to him a certificate to practice medicine, surgery, and obstetrics by reciprocity or by indorsement or anyone satisfactorily completing an examination given by a national examining board approved and accepted by a majority of the states of the United States, as establishing qualifications to practice medicine under the laws of said state, shall be given a certificate for a license to practice medicine, surgery and obstetrics in this state by reciprocity or indorsement, the provisions of IC 1971, 25-22-1-2, to the contrary notwithstanding.

SECTION 4. IC 1971, 25-22-5 (formerly Acts of 1965, c. 159) is amended by adding a new section to be known and numbered Section 4 to read as follows: Sec. 4. The Indiana State Board of Medical Registration and Examination, in certain exceptional instances, may waive for final licensure any of the provisions herein contained to the contrary notwithstanding, provided, however, that this board action shall be taken only after a complete evaluation of the candidates previous training, education and practice which is determined by the board to equal or exceed the requirements of the above provisions herein.

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512 East Minnesota Street
Indianapolis, Indiana 46203

Purposes, Rules and Procedure of the Grievance Committee, Indiana State Medical Association

Authority

The Grievance Committee has been set forth in the Bylaws of the Indiana State Medical Association in Chapter X, Chapter XXXIII, Sec. 2 and Chapter XXXV.

It should be understood that the physician summoned before the Grievance Committee is not on trial.

In all these proceedings it should be constantly borne in mind that, as indicated elsewhere in this report, a grievance committee's primary functions are to investigate, mediate, arbitrate and, if necessary, to recommend disciplinary action, but the grievance committee is never to act as a trial body or to effect discipline.

1. PURPOSES

1-a. To be the official body of the Association to receive, consider and investigate complaints and reports concerning professional conduct and ethical deportment; and to act as the Association's official agency in conducting investigations and securing evidence in cases that may need disciplinary action, or corrective measures for better public relations.

1-b. To discourage and abate unethical practices that jeopardize public respect and confidence in the medical profession.

1-c. To act as a liaison committee to aid and encourage the physician and complainant to get together and amicably settle any dissatisfaction or complaint growing out of misunderstanding or due to lack of information on the pertinent facts involved.

1-d. To protect and defend the physician and the medical profession from unjust criticism resulting from misunderstanding, misstatement of facts or malicious falsehood and slander.

1-e. To prepare for issuance to the entire membership in bulletin form through the executive office or in The Journal, periodic bulletins on ethical deportment and containing education examples of good and bad public relationship for the physician.

1-f. To prepare for issuance through the public press, periodic announcements and news items informing the public of the presence, purposes, and functioning of the Grievance Committee of the Indiana State Medical Association and that the medical profession welcomes constructive criticism and is interested in hearing and adjusting grievances that the lay public may have against individual physicians or the profession.

1-g. To secure evidence and prepare charges for filing against any physician deemed by the Committee guilty of unprofessional conduct. These charges may, in the discretion and judgment of the Committee and in accordance with these rules, regulations, and authority, be prepared for filing originally with the Censors or Grievance Committee of a component County Medical Society or directly with the Board of Trustees of the Indiana State Medical Association. Charges to be filed with the Indiana State Board of Medical Registration and Examination or with any criminal court must be first approved by the Board of Trustees of the Association.

1-h. By way of further definition, it should be understood that the Committee has no final judicial authority. It will receive and pass its own judgment upon evidence, but it will not assume authority to discipline any physician. It may at any time express its advice or recommendations to a member of the Association or to a component county society on any matter pertaining to professional conduct.

1-i. In pursuance of its function within the structure of the Association, the Committee shall have the power and authority to summon members of the Association to appear before it, either in connection with complaints involving the members summoned or as witnesses in cases involving other members. In case any member shall fail to respond to such summons, the Grievance Committee shall cite the member before the Board of Trustees for contempt.

1-j. It shall not be the purpose or function of the Committee to establish fee schedules for medical services. However, it is the duty of the Committee to investigate complaints regarding bills rendered by a physician in a specific case. This shall be done in order to protect the interests of both physician and patient.

2. STANDARDS OF CONDUCT

2-a. The current edition of the "Principles of Medical Ethics of the American Medical Association" and the Constitution and Bylaws of our State Association as interpreted from time to time by the Board of Trustees of the Indiana State Medical Association shall be the final standard by which all professional conduct and ethical deportment are determined.

3. ORGANIZATION

3-a. The Committee annually elects a secretary from among its own members.

3-b. No member of the Committee may participate in the final questions concerning the conduct of a physician residing in the jurisdiction of that Committee member's county society. In view of this fact, the vice-chairman will preside in all cases involving

a member of the chairman's county and the vice-chairman will serve as secretary in all cases involving a member of the secretary's county. Thus, two disinterested officers of the Committee will always assume these functions.

3-e. Any person against whom an accusation is made will be informed that the member of the Committee residing in his county will not be present during the Committee's deliberation of that case.

3-d. If a complaint is filed against a member of the Committee, the member shall retire from the committee meeting while his case is being considered and the complaint shall be handled the same as any other case.

3-e. If a complaint is filed regarding any action of the Committee itself, the Board of Trustees shall have sole charge of the investigation.

4. PROFESSIONAL AND TECHNICAL ASSISTANCE

4-a. No person other than appointed members of the Committee, Executive Secretary, official attorney and stenographer, and any witness then being heard will be admitted to any part of the proceedings of the committee except upon official summons of the Committee.

4-b. Should it become necessary in the opinion of the Committee to take testimony in any case, the the Committee will obtain the service of a competent shorthand reporter.

4-c. In the event the Committee reaches the point in any investigation where the Committee feels that charges should be filed and prosecuted against a physician, the Committee should, before making recommendation to the Board of Trustees regarding the filing of such charges, consult with the regular retained attorney of the State Association to determine the sufficiency of the evidence and for him to prepare the necessary papers.

5. RULES AND METHOD OF PROCEDURE

Complaints to Be Considered

5-a. The Committee will receive complaints in writing from any person, whether or not he or she be a physician, a member of the society, an employee of the society, a patient of a physician, or any other person, lay or professional.

5-b. The Committee will also receive complaints or constructive criticism or recommendations for improved medical care from any person requesting in writing an appointment to appear before an official meeting of the Committee and willing to have his or her statements included in the official records of the Committee. All written complaints and written requests for a hearing by the Committee should be addressed to the Grievance Committee on Patient-Physician Relations, Indiana State Medical Association, and marked "Confidential." No anonymous or fictitiously signed written complaints and no verbal complaints received by individual members of the Committee, or by the Association officers or employees, will be considered by the Committee.

5-c. The Grievance Committee will not consider complaints on medical services rendered more than *one* year before the complaint is received by the Committee, except in cases that may involve slander or injury to a physician's reputation, or charges of gross immorality and unprofessional conduct or criminal malpractice.

5-d. The Committee will respect the confidential nature of any complaint, provided that any complainant, physician, or other person involved who is unwilling to appear personally before the Committee when requested will be given to understand that such unwillingness prejudices against the possibility of the Committee being able to make a complete investigation.

5-e. The complainant must give his consent for a copy of the complaint to be sent to the physician against whom the complaint is made in order that he or she be able to cooperate in the investigation.

6. PREROGATIVE OF THE PHYSICIAN:

6-a. In every complaint received by the Committee, the physician and the patient will first be given an opportunity to adjust their differences without further official action by the Grievance Committee.

6-b. The Executive Secretary of the Association shall send a copy of the complaint to the doctor against whom it is lodged over the signatures of all members of the Committee, and the doctor shall submit a statement of his side of the case, either in writing or by personal appearance before the Committee within the time specified by the Committee. The accompanying letter shall ask the doctor to contact the complainant and endeavor to amicably adjust the complaint.

6-c. The Executive Secretary of the Association will acknowledge receipt in writing of all complaints and will inform each complainant that a copy of his or her complaint will be brought to the attention of the physician against whom it is lodged and that it is the hope of the Committee that an amicable and satisfactory adjustment or clarification of the complaint can be made. Acknowledgment of receipt of this letter will be requested in order to determine that the name and address of the complainant is authentic.

6-d. If the physician and the complainant come to a satisfactory agreement without further action by the Committee, the Committee will close the case and will so notify the complainant and physician and thank them for their commendable action.

7. PREROGATIVE OF THE COUNTY SOCIETY:

7-a. Complaints received by the Grievance Committee and not amicably settled by the physician and the complainant within the specified time or to the satisfaction of the Committee, shall then be tendered to the defendant physician's county medical society for local adjustment, investigation or disciplinary action. However, the complaint shall remain on the docket of the Committee until the Committee officially decides that fair and ethical consideration

has been given to the complaint and proper action taken. The Grievance Committee shall then notify the component county society, the defendant physician and the complainant that the case is closed.

7-b. It shall be the duty of any component county medical society to accept or reject in writing any complaint referred to it by the Grievance Committee. Any county society failing to act or report action taken in a specific case referred to it by the Committee within the time fixed by the Committee shall forfeit the jurisdiction offered and the Committee will proceed with the investigation.

7-c. Upon the written request of a County Medical Society, the Committee at its own discretion and judgment may grant an extension of the time fixed for the county society's report of action in a specific case. The Committee shall not permit prolonged delay or inaction by a county society in any case referred to it and at the expiration of the fixed time or extended time for report of a case, the Committee shall notify the County Medical Society that their jurisdiction in the case is terminated. The Committee shall then proceed with the investigation of the original complaint.

7-d. The Grievance Committee shall have no jurisdiction and shall not take action in any complaint filed by a complainant directly and solely with a local county medical society, except when the society requests in writing that the Committee handle the case.

7-e. In complaints filed both with a county medical society and with the State Grievance Committee, the Committee shall retain the right of jurisdiction until the case is terminated, but the county medical society shall be offered the priority right of handling the case as provided in these printed rules, regulations and procedures. In event amicable arrangements are not accomplished within a reasonable length of time the Grievance Committee can take action to settle the complaint in a satisfactory manner.

7-f. In complaints filed only with a county medical society or referred to the society by the Grievance Committee the action, decision or recommendation of the county society may be appealed or referred to the State Grievance Committee on Patient-Physician Relations by either the defendant or complainant, physician or patient, or by the county medical society itself. In these cases appealed to the Committee, the Committee shall review the evidence and actions of the County Society and summons the defendant and complainant to appear before the Committee if they wish to present further testimony in the case appealed.

7-g. In complaints involving (1) two or more physicians who are members of different county medical societies, (2) a complainant who resides in one county and a physician or physicians who reside in another county, (3) professional services rendered in one county by a physician or physicians who reside in another county, each county society involved directly or indirectly shall be tendered the prerogatives and privileges provided herein and may make separate or joint investigations.

8. EXECUTIVE SECRETARY

8-a. The Executive Secretary, in consultation with the chairman, will arrange for meetings of the Committee with such frequency as may be necessary so that investigation of each complaint is carried out with reasonable dispatch, and will notify complainants and any other persons whom the Committee wishes to interview concerning meeting dates and places.

8-b. The Executive Secretary will, at all times, keep the Chairman informed concerning the progress of investigations conducted otherwise than at meetings of the Committee.

8-c. Copies of all new complaints received are to be mailed to each member of the Committee prior to or with the call for the next meeting of the Committee.

9. CHAIRMAN'S RESPONSIBILITY

9-a. The Chairman, upon receipt of information from the Executive Secretary concerning each new complaint, shall determine whether the first investigation or action on the complaint merits a special called meeting of the Committee or should await the next regular meeting of the Committee.

9-b. When an investigation has convinced the members of the Committee (not including the member in whose county the physician under investigation resides) that no disciplinary action is indicated and that both the complainant and the physician involved are willing to accept the advice of the Committee for reconciliation of the complaint, the advice and suggestions of the Committee shall be reduced to writing and supplied to both complainant and the physician concerned, over the signature of the acting chairman.

9-c. When an investigation convinces members of the Committee that disciplinary action is indicated, the entire Committee except the member whose county is involved shall consider the matter formally in meeting before further action is taken, and the recommended action shall be determined by majority vote of those present. The evidence in the case and the Committee's recommendation shall then be sent to the Board for disciplinary action.

9-d. Whenever the Committee recommends that charges should be filed against a member of the Association with either a Board of Censors of the county society, the Indiana State Board of Medical Registration and Examination, or with a criminal court, the charges shall be reduced to writing and filed with the Board over the signature of two officers of the Committee and over the typed names of all other members of the Committee who have taken part in the proceedings.

9-e. In the event that, in consideration of a case involving complaint against a physician who is not a member of the Medical Association, it is determined that the evidence does or does not justify proceed-

ings before the State Board of Medical Registration and Examination or a criminal court, the Committee shall reduce its findings to writing and, subject to advice of legal counsel, in either case notify the physician concerned of its findings and file a copy of this notice with the executive office of the State Association and the Secretary of the State Board of Medical Registration and Examination for future reference.

9-f. Both the original complainant and the physician against whom the complaint has been made will be furnished with a written statement and explanation of the final decision of the Committee as soon as possible after the Committee has completed its investigation of this case, whether (1) the Committee considers the case closed, or (2) decides to take further procedure.

9-g. Any announcement or news releases prepared by the Committee for issuance to the public must first be approved by the Association's standing Committee on Publicity. Copies of these press releases when approved shall then be sent by the Committee on Publicity to all publications in Indiana regularly supplied with press releases by the Committee and to all component county medical societies for their information and for use in the county society's public relations program.

9-h. The minutes, complaints, reports of investigation and all other correspondence and records of the official transactions of the Committee shall be kept in a locked box or compartment in the headquarters office and shall only be accessible to the Executive Secretary and the members of the Committee, except on special order from the Committee or the Board of Trustees.

9-i. It shall be the duty of the Chairman and Secretary of the Committee to prepare quarterly reports of the progress and transactions of the Committee for presentation at the quarterly meetings of the Board of Trustees and an annual report and recommendation to the House of Delegates. These reports must first be approved by a majority vote of members of the Committee present at an official Committee meeting.

10. ORGANIZATION

10a. The annual organization of the Committee and election of a secretary shall be held at the first regular meeting of the Committee following the annual session of the Indiana State Medical Association. Immediately following the annual organization of the Committee and election of a secretary, the Committee shall prepare an estimate of financial requirements for the current year of the Committee's operation and request an appropriation from the Budget Committee.
This estimate shall include:

1. Necessary travel expense, meals and hotel bills, telegraph and long distance calls of members of the Committee in attending meetings and making investigations.
2. Special reporting services and attorneys' fees.
3. The service and travel expenses of special investigators when authorized by the Board of Trustees or Executive Committee of the Association.
4. Special printing, office supplies, postage, stenographic services, etc., not included in the routine services of the Association's headquarters office.

10-b. The Committee shall not authorize payment of travel expense for any physician, complainant or witness summoned or appearing voluntarily before the Committee except when the Committee votes that the expenditure is necessary to secure important testimony.

10-c. It shall be the duty of the Committee to keep an accurate record of its expenditures and not exceed the appropriation granted by the Budget Committee. If the Committee determines that additional funds will be needed before the end of the current fiscal year, it must present to the Budget Committee a report of expenditures, an estimate of additional funds needed and a request for an additional appropriation.

11. MEETINGS

11-a. Regular meetings of the Committee will be held on the second Sunday of January, March, May, July, September and November, subject to the privilege of the Chairman of the Commission to change or postpone any such meeting if the date is considered impractical or the meeting not necessary.

11-b. Special meetings of the Committee may be called by the Chairman or any three members of the Committee at any time after seven days notice is given.

12. QUORUM

12-a. Five members of the Committee shall constitute a quorum and Sturgis Standard Code of Parliamentary Procedure shall govern the transaction of business. This declaration of the Authority for and the purposes, rules and procedure of the Grievance Committee shall be printed in booklet form and mailed, together with a copy of the current Principles of Ethics of the American Medical Association, to all present members and the incoming members of the Indiana State Medical Association with an accompanying letter signed jointly by the President of the Association and the Chairman of the Board of Trustees.

13. AMENDMENTS

These rules, purposes and methods of procedure of the Grievance Committee shall not be waived or nullified by the Committee or by any component County Medical Society, its officers or committee, in the consideration or action on any complaint.
Amendments to these rules, etc., may be made by majority vote of the Committee at a regular meeting and then must be approved by a majority vote of the Board of Trustees of the Indiana State Medical Association at a regular meeting of the Board.

Association News

EXECUTIVE COMMITTEE

Saturday, November 13, 1971

The Executive Committee convened at 9 o'clock on Sat., November 13, in the headquarters building with Donald M. Kerr, M.D., presiding. Roll call showed the following present: Donald M. Kerr, M.D., Wilbert McIntosh, M.D., Peter R. Petrich, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Lester H. Hoyt, M.D., Hugh K. Thatcher, M.D., Frank B. Ramsey, M.D. and James A. Waggener. Charles Bonsett, M.D., Mr. Richard Kilborn and Mrs. Stanley Chernish, guests, were also in attendance.

MINUTES OF THE MEETING held October 11 and 14, 1971, were approved on motion of Dr. Gosman and Dr. McIntosh.

THE MEMBERSHIP REPORT was reviewed and approved by consent.

Membership Report

Number of members as of December 31, 1970	4,505
1971 members as of September 30, 1971:	
Full dues paying members	3,962
Residents and interns	84
Senior	373
Board Remitted	54
Honorary	3
Military	36
Total 1971 members as of September 30, 1971	4,512
Total 1970 members as of September 30, 1970	4,478
Number of AMA members as of December 31, 1970	4,337
Number of AMA members as of September 30, 1971	4,253
Full dues paying	3,707
Exempt, but active	546
	4,253
Number who paid state dues but not AMA dues as of September 30, 1971	259
Number who paid state dues but not AMA dues as of December 31, 1970	168

Headquarters Office

THE REPORT FROM THE ARMY congratulating the ISMA on its handling of the CHAMPUS program was read for the information of the committee.

TREASURER'S REPORT—The Treasurer's report was approved on motion of Dr. Petrich and Dr. Gosman with the suggestion being made that the two $50,000 certificates upon maturity be deposited in some plan which might earn the most interest for the association.

Organization Matters

PURCHASE OF DRUG POSTERS—The suggestion of printing of drug posters for distribution in the schools in the state of Indiana was turned down on motion of Dr. Dukes and Dr. McIntosh.

REQUEST FROM THE AUXILIARY—The annual gift of $1,000 to the Woman's Auxiliary to ISMA was approved on motion of Dr. Petrich and taken by consent.

FIELD SECRETARY'S REPORT—The Central Indiana field secretary's report was read for the information of the committee.

LETTER FROM DR. PROVINCE—A letter from Dr. William Province was reviewed and taken as a matter of information. The secretary was requested to inform Dr. Province that one of the main problems in situations which he described is the lack of people willing to testify before the Medical Board.

OPINION OF ATTORNEY—The opinion of the attorney concerning the proposed nursing home visitation by the Woman's Auxiliary was reviewed for the information of the committee and the secretary announced he had sent a copy to Mrs. Chernish, Doctor Offutt and the Board Committee. By consent this matter was referred to the Board of Trustees.

LETTER FROM DR. WEBER—A letter from Dr. Joseph Weber concerning the responsibilities of the Medical-Legal Review Committee was reviewed for the information of the committee.

INTRAV INFORMATION—Samples of the Scandinavian Adventure Tour planned for May 24, 1972 were distributed to the committee for their information.

FOUNDATIONS—The question of the state association being interested in Foundation movements was discussed and following discussion the secretary was instructed to send this material to the Future Planning Committee with the suggestion that they make a thorough investigation and recommendation on this subject.

CAR LEASING—The rates for leasing cars to members of the association from the IMMKE Leasing Company in Columbus, Ohio were reviewed and on motion of Dr. Hoyt and Dr. Petrich this matter is to be referred to the Board of Trustees.

Minutes of the Blues

MINUTES OF THE BLUE CROSS BOARD; correspondence from Dr. Glock addressed to Dr. Black; the minutes of the Blue Shield Board; all were reviewed for the information of the committee.

LETTER FROM A PHYSICIAN—A letter from a physician concerning his difficulties with Blue Shield was reviewed and, on motion of Dr. Petrich and taken by consent, this is to be sent to the Review Committee.

NEWS CLIPS—A news clip concerning the establishing of a Surgi-Center in Fort Wayne and a clip from the Connersville paper concerning the problem of foreign doctors were reviewed for the information of the committee.

Convention Matters

Tentative dates for the 1972 meeting of the Indiana State Medical Association running from October 16 through the 20th were reviewed for the information of the committee and no definitive decision will be made until following the report of the Board Committee on Streamlining the Convention and the Convention Arrangements Committee.

The secretary asked for direction on headquarters for the convention which will be the Columbia Club, the Hilton Hotel or the Convention Center and it was taken by consent that the headquarters will be the Convention Center.

The secretary asked for direction concerning the guarantee and the number of luncheon tickets sold for the Internal Medicine luncheon on Wednesday, October 13th, also with regard to payment for the Indiana Belles and by agreement the secretary was asked to attempt to negotiate settlement of these two items.

A letter from Mrs. John Pittman of the Auxiliary asking the association to pick up the expense of $89.15 for the rolls and coffee as well as $22.50 for out of state guests who attended the Auxiliary luncheon. Payment of these amounts was approved on motion of Dr. McIntosh and Dr. Dukes.

Letters from Dr. Wesley Hall, President of the AMA; Dr. Edward J. Kowalewski and Dr. Francis N. Lohrenz were read for the information of the committee.

Legislative Matters

CHAMBER OF COMMERCE REPORTING SERVICE—The secretary announced that the Chamber of Commerce would again have the legislative reporting service and he would like permission to have five copies purchased from the Chamber of Commerce and the request was approved on motion of Dr. McIntosh and Dr. Dukes.

CERTIFICATE OF NEED BILL—The Certificate of Need Bill being proposed by the Hospital Association was discussed by Dr. Petrich for the information of the committee.

MEDICAL DEPARTMENT-CORRECTIONS—The secretary announced that the Medical Department—Department of Corrections, the Physicians Assistant Bill will be introduced and the Commission on Legislation would formally approve the Medical Disciplinary Act at its meeting on December 15th for introduction.

A letter from the Secretary of the Washington State Medical Association concerning changes contemplated and the explanation of the Medical Disciplinary Act in that state since its inception was reviewed for the information of the committee.

LETTER FROM AMA TITLE XVIII and XIX—A letter from the AMA concerning physicians' billing under Title XVIII and Title XIX was reviewed for the information of the committee.

The Journal

Dr. Ramsey commented that the suggestion had been made that, rather than the Journal running the minutes of Commission meetings and the Board minutes, articles be prepared for *The Journal* on these meetings in newspaper style.

New Business

The request for use of the mailing list by the Lake County Medical Society to announce one of their tours was approved by consent.

The newspaper article prepared by the headquarters office in answer to a column which appeared in the Connersville News-Examiner was approved for mailing to the County Medical Societies, in case they desired to use it as a rebuttal.

Future Meetings

The Hospitality Room at the AMA Clinical Session will have hours from 5:00 to 7:00 p.m., by consent.

The secretary also reported on the correspondence concerning the change of location of the AMA's 1976 Clinical session and this was taken as a matter of information.

A letter was read from the New Jersey Medical Society concerning a candidate they propose to run for vice-speaker of the House.

Announcement of the meetings to be held in Ann Arbor, Michigan, on PAS and MAP was read and it was determined that no representative would be sent.

For the Congress on Maternal and Child Care to be held in Chicago March 23-25, on motion of Dr. Petrich and Dr. McIntosh, the president, president-elect, and the executive secretary were authorized to attend.

DR. CHARLES BONSETT—Dr. Charles Bonsett then appeared before the committee to report on the activities with respect to converting the old Pathology building on the Central State Hospital grounds as not only a Medical Historical Center but also a Museum for early Indiana Medicine. He expressed the feeling that such a project should really come under the Indiana State Medical Association and would require some financing but no definite amount was given.

On motion of Dr. Thatcher and Dr. Gosman this matter is to be referred to the Board of Trustees to determine if they are interested in taking this on as a project.

MR. RICHARD KILBORN—Mr. Kilborn then appeared before the committee and discussed some of the recent activities that were being discussed between Blue Shield and Blue Cross. No action was taken.

MRS. STANLEY CHERNISH—Mrs. Chernish, President of the Woman's Auxiliary, then appeared before the committee and submitted prices for a kitchen in the basement, proposing that this be installed with monies which had been given by the Auxiliary to the Association as a kitchen fund.

Following a discussion, on motion of Dr. Petrich and Dr. Gosman, this proposal is to be referred to the Board of Trustees.

Mrs. Chernish also discussed the proposed Auxiliary Nursing Home Visitation Program and action was deferred on this pending receiving information from Dr. Offutt and the attorney's opinion.

DATE OF NEXT MEETING—There being no further business, the committee adjourned to meet at 10 a.m. Wednesday, December 15, and the Executive Committee of the Hospital Association is to be invited in at 1:30 p.m.

EXECUTIVE COMMITTEE

Wednesday, December 15, 1971

The Executive Committee convened at 10:00 a.m. Wednesday, December 15 in the headquarters building with Donald M. Kerr, M.D., presiding. Roll call showed the following present: Donald M. Kerr, M.D., Wilbert McIntosh, M.D., Peter R. Petrich, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Lester Hoyt, M.D., Hugh K. Thatcher, M.D., and James A. Waggener.

MINUTES OF THE MEETING held November 13th were approved on motion of Drs. Petrich and Hoyt.

The MEMBERSHIP REPORT was discussed and the secretary reported on the action of the AMA House of Delegates taken in New Orleans which requires interns and residents to pay $20 in dues if they desire to become a member of the AMA. The secretary was instructed to notify interns and residents who join the association in '72 so that those who desire to join the AMA also could do so.

Membership Report

Number of members as of December 31, 1970	4,505
1971 members as of November 30, 1971:	
Full dues paying members	3,992
Residents and interns	90
Senior	373
Board Remitted	54
Honorary	3
Military	39
Total 1971 members as of November 30, 1971	4,551
Total 1970 members as of November 30, 1970	4,505
Number of AMA members as of December 31, 1970	4,337
Number of AMA members as of November 30, 1971	4,293
Full dues paying 3,738	
Exempt, but active 555	
4,293	
Number who paid state dues but not AMA dues as of November 30, 1971	258
Number who paid state dues but not AMA dues as of December 31, 1970	168

Headquarters Office

PRELIMINARY BUDGET—The secretary discussed a preliminary proposed budget and the finalization of proposals is to be made at the next meeting of the executive committee.

Treasurer's Report

THE TREASURER REPORTED on the various funds of the association and the report was approved on motion of Drs. Hoyt and McIntosh.

The treasurer then discussed the investment of funds and on motion of Dr. Hoyt and Dr. Dukes $50,000 is to be deposited in the C & D's in one of the local banks. On motion of Dr. Hoyt and Dr. McIntosh the treasurer was authorized to investigate the terms available on $50,000 to be placed in insured building and loan associations.

Organization Matters

LETTER FROM COMMISSION ON VOLUNTARY HEALTH AGENCIES requesting that the annual Yearbook issue of the Journal list only those Voluntary Agencies that have been approved by the Commission on Voluntary agencies and further that the criteria be published was reviewed and the request was approved

on motion of Dr. Gosman and Dr. Petrich.

LETTER FROM ST. MARY MERCY HOSPITAL—A letter from St. Mary Mercy Hospital in Gary, Indiana concerning standards for first assistants in the operating room was reviewed and the secretary is instructed to write the hospital that the association has no policy on this particular matter and it should be referred to the local staff of their hospital.

LETTER FROM DR. DONALD G. STURGIS—A letter from Dr. Donald G. Sturgis concerning the possibility of a chartered plane for the AMA convention in San Francisco in 1972 was reviewed and the secretary was instructed to advise Dr. Sturgis the association did not plan a chartered flight.

LETTER FROM KARL KAUFMAN—A letter from Karl Kaufman of the Indiana Science Education Fund seeking a donation from the association to help finance trips for Regional Science Fair winners to the International Meeting in New Orleans in 1972 was read and the secretary is instructed to write Mr. Kaufman advising they would like very much to be of assistance in this project but because of the tight budget, it would not be possible in '72.

LETTER FROM DEPT. OF FINANCIAL INSTITUTIONS—A letter from the Department of Financial Institutions calling attention to failure of physicians under the Uniform Consumer Credit Code to register was reviewed and the secretary was authorized to include this matter in the next News Letter on motion of Dr. McIntosh and taken by consent.

LETTER FROM IND. ASSN OF OSTEOPATHIC PHYSICIANS—A letter from Wm. J. Wood, legal counsel for the Indiana Association of Osteopathic Physicians and Surgeons was reviewed and on motion of Dr. Gosman and taken by consent, these gentlemen are to be invited to meet with the Executive Committee at their January meeting.

LETTER FROM LEGAL COUNSEL—A letter from legal counsel concerning the publication by the Georgetown Law Journal of an article on paramedics was reviewed and by consent the secretary is requested to check to see if a copy of this might be available from the Law Library of Indiana and if not to purchase a copy of this particular issue.

LETTER FROM IU-50 Year Club—A letter from Dr. Lazaro Pavia Crespo of Mexico City and a reply from the I.U. School of Medicine concerning a program for 50 Year Members to be held in Mexico City in April of 1972 were reviewed and taken as a matter of information.

MEMBERSHIP BETTER BUSINESS BUREAU—Membership dues in the Central Indiana Better Business Bureau were approved for renewal on motion of Dr. Petrich and Dr. McIntosh.

MEMBERSHIP INDIANA STATE CHAMBER OF COMMERCE—Renewal of membership in Indiana State Chamber of Commerce was approved on motion of Dr. McIntosh and Dr. Petrich.

MEMO FROM OHIO WELFARE DEPT.—A memo from the Ohio Department of Public Welfare to physicians of that state listing drugs which the physicians may use under the welfare program in that state was reviewed for the information of the committee.

LETTER FROM DR. OFFUTT—A letter from Dr. Offutt concerning the Auxiliary final program of visitation of nursing homes was reviewed and the Auxiliary was authorized to proceed with this program.

INDIANA DEPARTMENT OF WELFARE—The secretary reported that he had been informed that HEW had authorized the Indiana State Department of Welfare to release the names of physicians and the amounts paid them during the past year under the Medicaid program in this state.

LETTER FROM AUXILIARY RE SAMA—A letter from the Woman's Auxiliary to the Student AMA seeking a sustaining membership in the amount of $5.00 was approved on motion of Dr. Petrich and Dr. McIntosh.

MICHIGAN MEDICINE—Excerpts from Michigan Medicine were reviewed for the information of the committee.

LETTER FROM LEGAL COUNSEL CONCERNING PRECEPTORS—A letter from the Association legal counsel concerning liability of preceptors was reviewed and taken as a matter of information.

Minutes of the Blues

MINUTES BLUE CROSS BOARD—Several items from the minutes of the Blue Cross Executive Committee were reviewed for the information of the committee.

MINUTES BLUE SHIELD BOARD—Dr. Dukes reviewed several items in the minutes of the Executive Committee of the Blue Shield Board.

Convention Matters

The secretary reported on the possible increased costs of following the format for the 1972 annual convention in the new Indianapolis Convention Center pointing out that under the schedule the exhibits would necessarily have to be installed on Sunday and we would face payment of overtime costs on this basis. The secretary was unable to give an estimate of additional costs but on motion of Dr. Dukes and Dr. McIntosh he was authorized to proceed with the present plan providing the increased costs did not exceed $500.

Medical Defense

The secretary reported that since the last meeting he had received three requests for Medical Defense Service, however, the applications had not been returned as of this date.

New Business

A copy of a proposed bill regarding Health Careers was presented to the committee by Dr. Gosman and on motion of Dr. Gosman and Dr. McIntosh the committee is to recommend to the Commission on Legislation that the bill receive ISMA support.

JOINT DISTRIBUTION OF BIBLIOGRAPHY from ISMA and RMP—A proposal to distribute jointly from the ISMA and the Indiana Regional Medical Program a bibliography of publications dealing with service systems for delivery of health care was approved on motion of Dr. Petrich and taken by consent.

Future Meetings

PUBLIC HEARING POLLUTION CONTROL BOARD—A notice of a public hearing on pollution control was reported for the information of the committee.

A notice from the AMA inviting two representatives to attend a meeting being called by the Council on Medical Service in Chicago January 13-14 for a discussion of the efficient use of health care service was reviewed and by consent Dr. Dukes is to select two representatives to attend this meeting.

A notice from the AMA for a Regional Workshop For State Chairman of Committees on Medicine and Religion to be held in Chicago February 12 was reviewed and on motion by Dr. Petrich and taken by consent, Dr. Burton E. Kintner is authorized to represent ISMA at this meeting.

A notice of the Annual Congress on Medical Education to be held in Chicago on February 5-6 was read and by consent it was agreed that the president and president-elect would attend this meeting.

Announcement of the AMA AMPAC Workshop in Washington March 11-12 was reviewed and on motion of Dr. Dukes and Dr. Hoyt; Dr. Petrich, Dr. Kerr and the executive secretary were authorized to attend this meeting.

Announcement of the National Conference Communicable Disease Control meeting scheduled for Houston, Texas March 13-16 was read and it was decided no representative would be sent.

A notice of the Sixth National Congress on Socio-Economics Health Care in Ft. Lauderdale, Fla. April 6-8 was reviewed and by consent the president; president-elect; the chairman of the Board of Trustees and the executive secretary and the chairman of the Commission on Medical Economics and Insurance were authorized to attend this meeting.

A notice of the Hospital Information Systems Sharing Group meeting to be held in Atlanta January 19-21 was read and Dr. Hoyt is requested to investigate this and the matter was deferred until the next meeting of the executive committee.

WASHINGTON VISITATION—It was decided that the executive committee would make their annual visitation to Indiana's delegation in Congress and the proposal was made to leave Indianapolis on April 18th with the annual dinner on the 19th and returning on April 20th. This was agreed upon by consent that three representatives of Indiana Blue Shield Plan are to be invited to attend at their own expense.

MRS. CHERNISH, PRESIDENT WA—Mrs. Stanley Chernish, President of the Auxiliary, appeared before the committee and reported that the kitchen was scheduled to be completed by January 15, 1972.

Mrs. Chernish also discussed the Auxiliary solicitation of members who did not contribute to Impac and that the Auxiliary had been requested by the Commission on Voluntary Health Agencies to obtain a listing from their county auxiliary members the names of physicians who were serving on local boards of voluntary agencies.

ARTHUR MOSER, M.D. AND ROLAND SNIDER, M.D. of the Kosciusko County Medical Society then appeared before the committee and discussed a suit which had been filed against several physicians by the Murphy Medical Center of Warsaw.

The secretary is instructed to discuss this case with the association attorney and to report back to the committee at its next meeting.

REPRESENTATIVES OF INDIANA NURSES ASSN: OPTOMETRIC ASSN: AND PHARMACEUTICAL ASSN. then appeared before the committee for a discussion of the association's bill creating a means of certifying physician's assistants. This was a rather lengthy discussion and it was hoped that some of the objections expressed by these organizations will resolve.

NEXT MEETING—There being no further business the meeting adjourned to meet again at 4:00 p.m. Saturday, January 8, 1972. ◄

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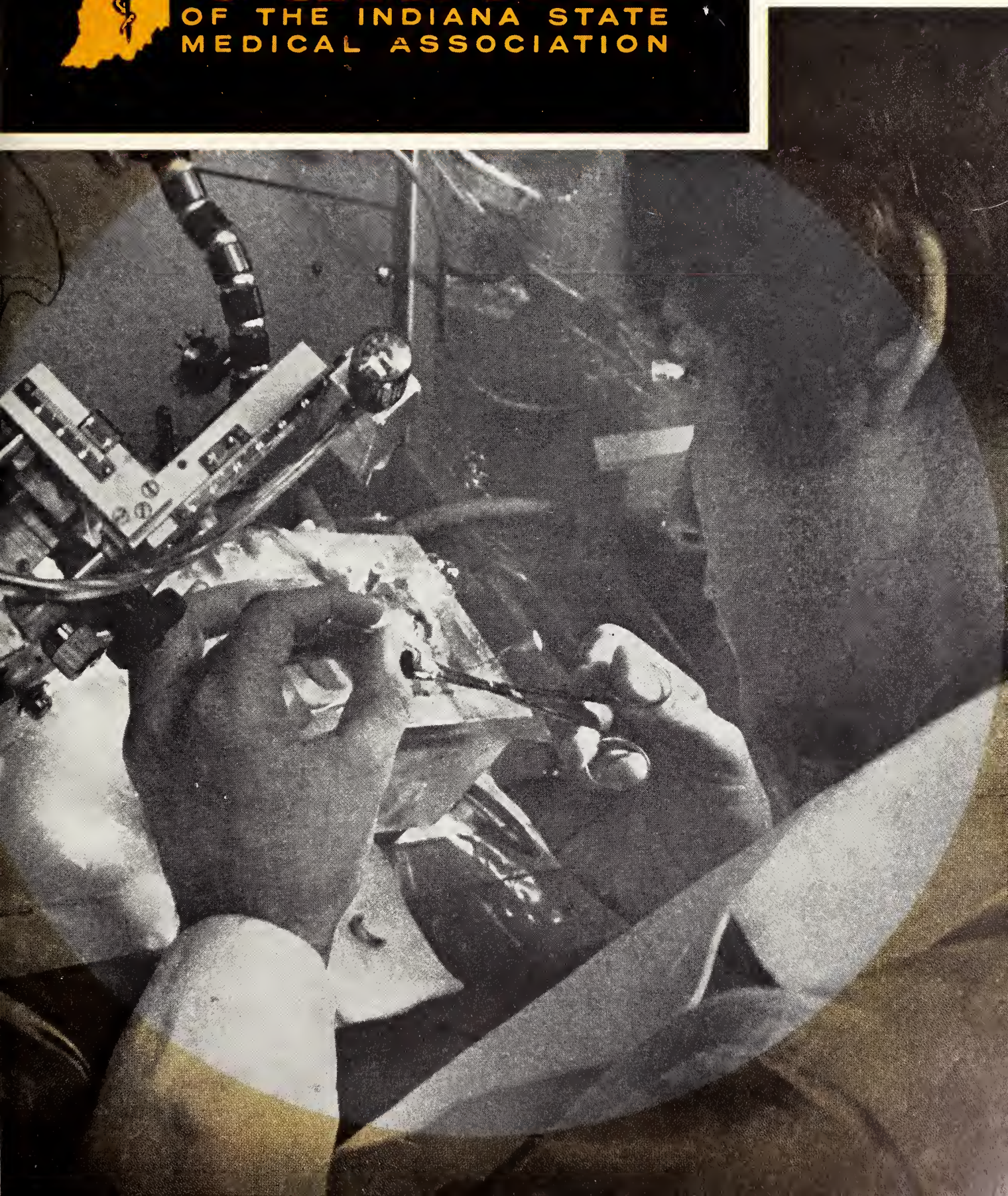
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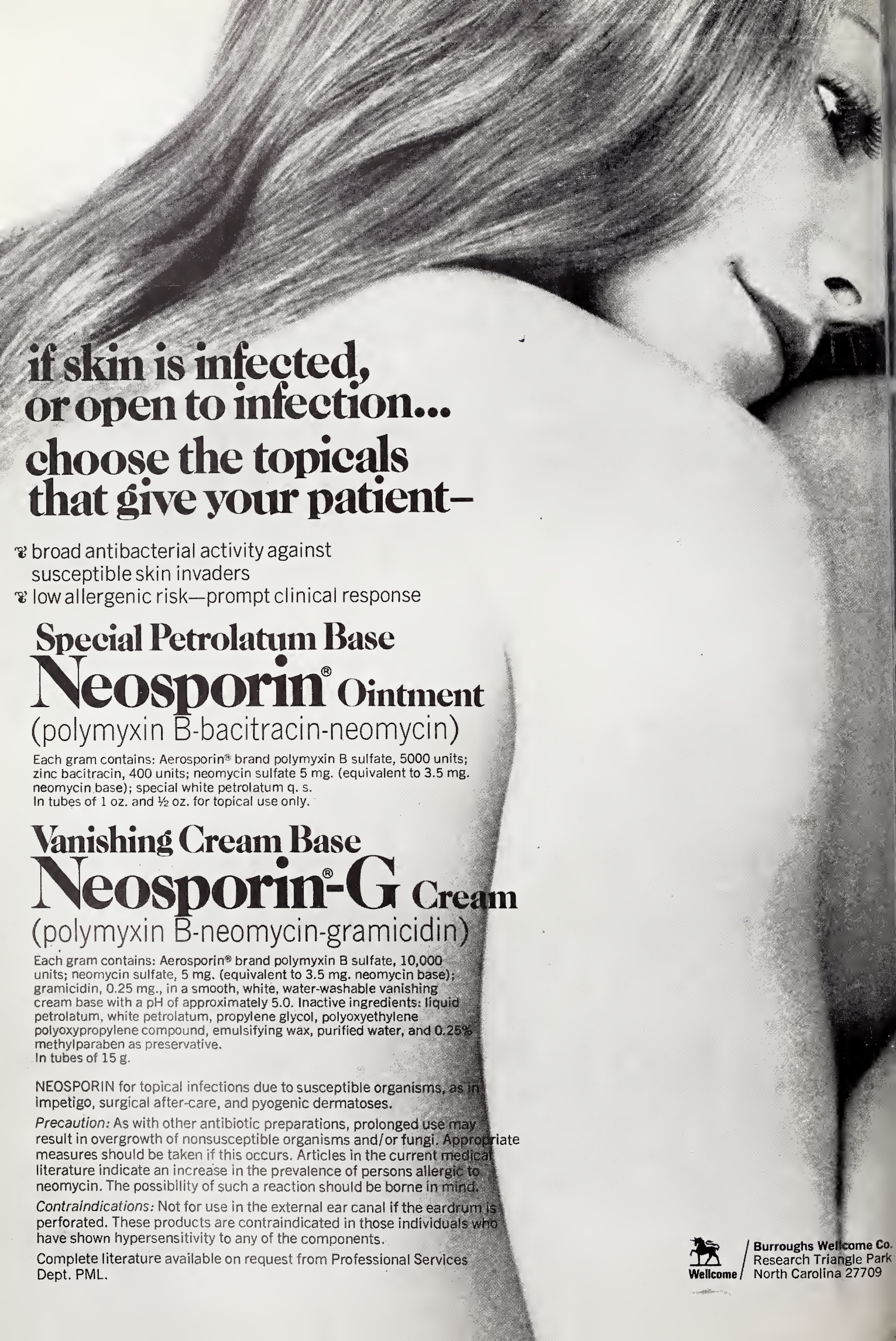
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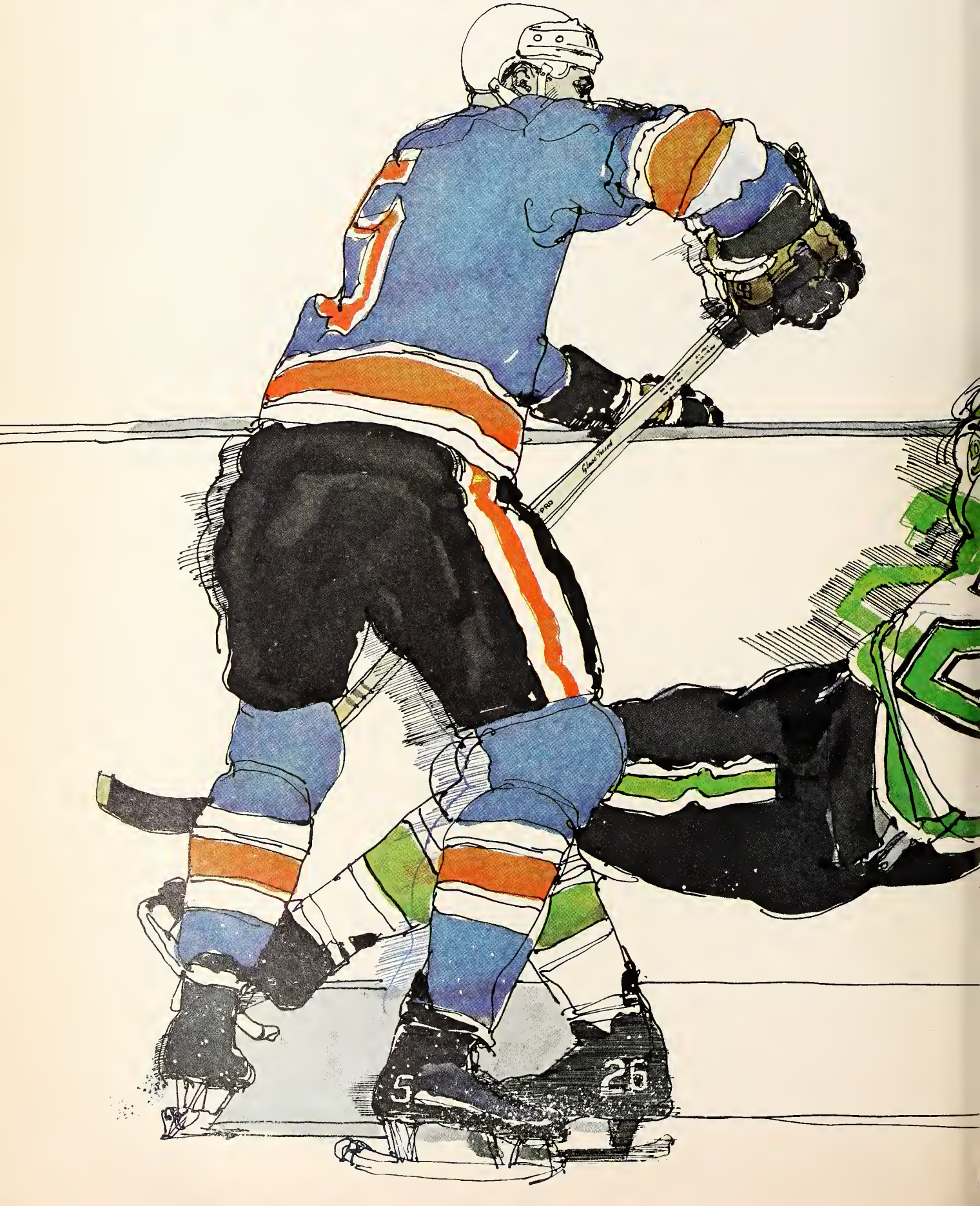
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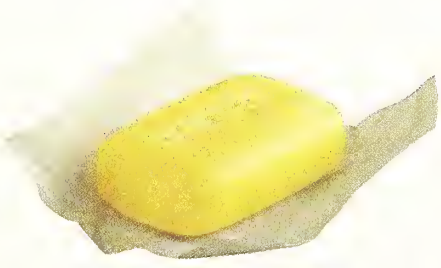
Superior Gram negative



Effective against Gram positive bacteria and Gram negative bacteria.

As mild as any other toilet soap. With unsurpassed substantivity for long-lasting antibacterial action.

Active ingredients: 3, 4′, 5-tribromosalicylanilide and 4, 2′,4′-trichloro-2-hydroxy diphenyl ether. Together these agents produce a synergistic effect that provides broad spectrum protection against skin bacteria. (P-300 does not contain hexachlorophene.)



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P-300: Superior protectio

bacteriostasis in a bar soap.

P-300–superior to other antibacterial bar soaps. Proven effective against 25 of 31 cultures representing bacteria of major concern in nosocomial infections and cross-infections.*

BACTERIA	A.T.C.C. No.	P-300	Soap "D"	Soap "S"
Gram Positive				
Staphylococcus aureus	8094	●●●	●	●
Staphylococcus aureus	11371	●●●	●	●
Staphylococcus aureus	8096	●●●	●	●
Staphylococcus aureus	10390	●●●	●	●
Staphylococcus aureus	6342	●●●	●	●
Staphylococcus epidermidis	17917	●●●	●	●
Staphylococcus sp.	13565	●●●	●	●●
Mycobacterium smegmatis	19420	●●●	●●	●●
Listeria monocytogenes	13932	●●●	●●	●●●
Streptococcus pyogenes	7958	●	●	●
Streptococcus mitis	903	●	●	●
Streptococcus sp.	12403	●	●	●
Bacillus anthracis	14578	●	●●	●●
Gram Negative				
Alcaligenes tolerans	19359	●●●	●●	●●●
Neisseria gonorrhoeae	19424	●●	●	●
Neisseria menigitidis	13077	●●●	●	●
Proteus vulgaris	8427	●●●	●	○
Escherichia coli	10536	●	○	○
Escherichia coli	11229	●	○	○
Escherichia coli	11698	●	○	○
Klebsiella pneumoniae	12833	●	○	○
Salmonella typhi	9993	●	○	○
Salmonella typhi	6539	●	○	○
Salmonella typhimurium	13311	●	○	○
Herellea sp.	11959	●	○	○
Pseudomonas aeruginosa	10145	○	○	○
Pseudomonas aeruginosa	7700	○	○	○
Pseudomonas aeruginosa	9027	○	○	○
Pseudomonas aeruginosa	14210	○	○	○
Proteus rettgeri	9250	○	○	○
Proteus morganii	9237	○	○	○

KEY: ZONE OF INHIBITION
●●● = 18.0 mm or larger
●● = 12.0 mm to 17.9 mm
● = Less than 11.9 mm
○ = No Inhibition

Test Method: The three antibacterial soaps were evaluated by means of the standard Protein Adsorption Test, conducted by a recognized independent laboratory, using A.T.C.C. organisms.

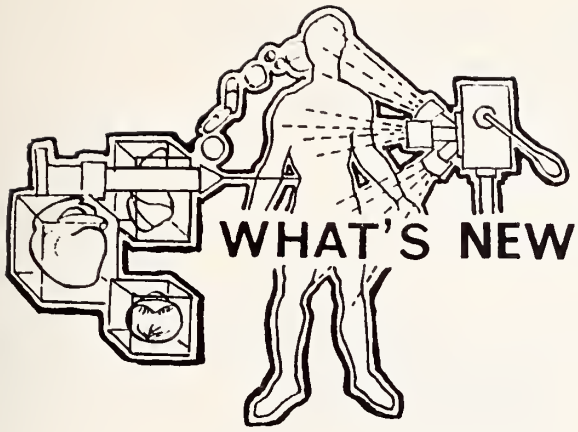
*The bacteria were those most frequently named in a nationwide survey of 334 hospitals.



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Professional Services Department
COLGATE-PALMOLIVE COMPANY
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Contamination Control Laboratories make an illuminated cabinet for convenient visual inspection of intravenous solutions and other liquids for clarity and particulates. The light source is variable and the background board is half-white and half-black. It may be used in hospital pharmacies or by nurses on the floor to screen out faulty solutions.

* * *

Eli Lilly is adding a 500-mg capsule for the Keflex line. This is especially for the severe infections for which higher dosages are indicated. The new formulation will come in bottles of 24 and 100 and in strips of 10 capsules, each one individually contained in a blister.

* * *

Picker is announcing a general-purpose radiographic table with an automatic film transport system which makes it possible to double the output of a single room. It features four loading magazines that will take 100 sheets of film each and a film transport mechanism to move each sheet into position for the exposure and exit into a receiving magazine for processing. Four hundred cassettes—equivalent to the capacity of the new table's magazine—could weigh close to 2100 pounds.

* * *

Chrometrics Laboratories has established a laboratory to screen urine samples for the presence of drugs. Recent tests show that almost 10% of job applicants may be using drugs of one type or another. The laboratory will be used primarily for this purpose. The use of numbered forms and coded results will protect the identity and privacy of the applicants tested.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



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6—Paul M. Inlow, Shelbyville	Oct. 1973
7—John O. Butler, Indianapolis	Oct. 1974
7—Dwight W. Schuster, Indianapolis	Oct. 1972
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9—William M. Sholty, Lafayette	Oct. 1973
10—Vincent J. Santare, Munster	Oct. 1974
11—Lowell Hillis, Logansport	Oct. 1972
12—William R. Clark, Fort Wayne	Oct. 1973
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Raymond Newnum, Evansville	1973
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—Howard C. Jackson, Madison	1973
5—Cleon M. Schauwecker, Greencastle	1973
6—	
7—Joseph F. Ferrara, Franklin	1972
7—Joseph C. Kerlin, Danville	1972
8—R. D. Williams, Anderson	1973
9—Max N. Hoffman, Covington	1974
10—Thomas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1973

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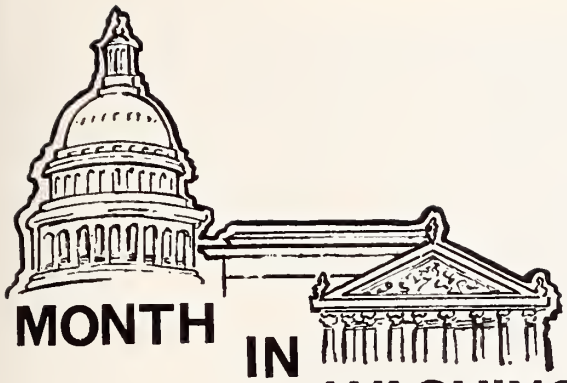
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Eugene F. Senseny Fort Wayne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

Terms expire December 31, 1973:

Delegates	Alternates
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Lowell H. Steen Hammond	Thomas C. Tyrrell Hammond

1971-72 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Ray Burnikel, Evansville	William Dye, Oakland City	April 13, 1972, Evansville
2.	Robert Moses, Worthington	J. S. Brown, Carlisle	May 18, 1972, Linton
3.	Daniel H. Cannon, New Albany	Charles X. McCalla, Paoli	April 5, 1972, Clarksville
4.	Robert O. Zink, Madison	Ott B. McAtee, Madison	May 17, 1972, Madison
5.	Burton E. Scherb, Terre Haute	James W. Cristee, Terre Haute	May 24, 1972, Terre Haute
6.	Mark E. Smith, New Castle	James H. Tower, Jr., Shelbyville	May 3, 1972, Shelbyville
7.	John M. Records, Franklin	Merrill M. Weseman, Franklin	June 14, 1972, Greenwood
8.	Franklin K. Beeler, Anderson	Edward R. Rush, Anderson	June 7, 1972, Anderson
9.	Don W. Boyer, Lebanon	Clarence G. Kern, Lebanon	June 28, 1972, Lebanon
10.	Lambro Dimitroff, Hammond	Donald C. Miller, Cedar Lake	May 31, 1972, Hebron
11.	John Elleman, Kokomo	Fred Poehler, La Fontaine	Sept. 20, 1972, Kokomo
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	September 14, 1972
13.	George M. Haley, South Bend	John Hildebrand, South Bend	Sept. 13, 1972, Michigan City



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the first of each month preceding month of issue.

THE PRICE COMMISSION restricted increases in a physician's fees to 2.5% a year when justified by increases in his costs, but granted the right of appeal to the Internal Revenue Service for a further increase for those physicians with greater increases in their costs of conducting a practice.

THE OFFICIAL regulations went into effect Dec. 29, the day before they were published in the Federal Register. The commission earlier had announced guidelines on which the regulations were based.

THE REGULATIONS require that a physician maintain a schedule of fees and increases with a sign in his office that such a schedule is available for inspection. But he does not have to post them in his office.

AFTER ISSUANCE of the regulations, AMA officials continued meetings with Federal officials in efforts to effect modifications of provisions considered unfair to physicians. The meetings started before issuance of the guidelines.

ONE MEETING WAS WITH Donald Rumsfeld, director of the President's Cost of Living Council, a few days before the regulations were issued. Dr. Max H. Parrott, chairman of the AMA Board of Trustees and head of its delegation, voiced strong exceptions to some of the price control provisions which would deny treatment equal to that given other providers of professional services.

THE PRICE COMMISSION has ruled that "a non-institutional provider of health care services may charge a price in excess of the base price only to reflect allowable costs in effect on Nov. 14, 1971, and allowable cost increases incurred after Nov. 14 reduced to reflect productivity gains, and only to the extent that such increased price shall not result in an increase in such provider's profit margin as a percentage of revenues, before income tax, over that prevailing in the base period, providing, however, that the provider's aggregate price increases shall not exceed 2.5% per year."

Continued

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Pike	M. H. Omstead, Petersburg	M. H. Omstead Petersburg
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Rush	Willard Worth, Milroy	Willard Worth, Milroy 46156
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		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
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Starke	Guy Ingwell, Knox	Robert J. Goode, 201 S. Heaton St., Knox 46534
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Vigo	Paul E. Humphrey, Terre Haute	J. Lewis Stoelting, 1724 N. 7th St., Terre Haute
		William L. Purcell, Exec. Secy., P. O. Box 986, Terre Haute
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Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Charles B. Carty, Pekin	Thomas K. Tower, Campbellsburg
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Continued

THE AMA has pointed out that the Price Commission's 2.5% limitation on the increase of physicians' fees was discriminatory inasmuch as other providers of services could reflect actual increases in cost by a "pass through" of such costs, a procedure denied physicians under the proposed regulations.

THE AMA ALSO pointed out that while the Price Commission urged increased physician productivity, the proposed regulations might well decrease productivity.

THE PHYSICIAN cannot generally work longer hours than he is presently working, the AMA position paper said. He can expand his office space, purchase new testing and diagnostic aids, and employ more staff.

BUT held to a 2.5% fee increase—in the face of higher costs—he is apt to do none of these things.

THE AMA PAPER ALSO took exception to the proposed requirement for the posting . . . or having available . . . a fee schedule. It is simply not practical for a physician to arrive at a schedule of prices for each and every one of the numerous services he renders, the AMA said, pointing out that it was its understanding that the Committee on Health Services Industry . . . an advisory body to the Price Commission . . . recognized this fact and had recommended that posting be limited to institutional providers.

THE AMA ALSO pointed out that the proposed guidelines do not provide for a procedure under which physicians whose fees are below the norms in their communities may adjust their fees. Physicians usually maintain their fees for several years and then increase them by 10 or 20%, to counter inflation, rather than impose annual increments of 25 to 50 cents, the AMA said, insisting that the proposed regulations should contain reasonable criteria for handling unusual situations such as these.

AT THE SUGGESTION of Mr. Rumsfeld, the AMA has taken its case directly to C. Jackson Grayson, Jr., chairman of the Price Commission, and additional meetings have been scheduled. The full text of the AMA's position paper on this subject has been forwarded to all state medical societies.

NEW CANCER LAW AUTHORIZES EXPENDITURE OF $1.6 BILLION

PRESIDENT NIXON signed into law a sharply stepped-up program to combat cancer.

IN SIGNING the legislation before several hundred leaders in the field at a White House ceremony, Nixon expressed "hope that in the years ahead we will look back on this as the most significant action taken during this administration."

THE NEW LAW, which authorizes expenditure of $1.6 billion in the next three years, gives the National Cancer Institute partial autonomy and puts it to a large extent under the

Continued

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Continued

White House although it remains in the National Institutes of Health.

ITS CHIEF WILL BE appointed by the President, its activities monitored for the president by a special three-man advisory board, and its budget submitted directly to the White House.

NIXON PREDICTED the new organizational setup "will enable us to mobilize far more effectively both our human and our financial resources in the fight against this dread disease."

THE REVAMPED organizational structure is a compromise between proposals to establish a separate, wholly independent cancer authority under the White House and to leave NCI in NIH but with a greatly expanded program.

THE MAIN THRUSTS of the new cancer research program are being developed by a committee of 280 nongovernment scientific consultants and will be completed by March.

THE PRIME GOAL will be to find drugs that are effective against "slow growing" tumors-malignancies that affect such organs as the lung, breast, colon and bladder and account for 85% of the 650,000 new cancer cases a year.

THE CANCER INSTITUTE plans to organize "task forces" to launch a coordinated attack against specific forms of cancer, including lung, bladder, prostate and large bowel. This approach is credited with achieving substantial success in treating childhood leukemia.

THE PRESIDENT also signed into law a $673.6 million bill financing continuance of the federal government's program to aid medical, dental, nursing and allied health schools. It was about $150 million more than the administration requested, but $200 million below the figure approved by the senate. Medical and dental schols were allotted $460.4 million, compared with the administration's request for $366 million. Nurses got $145 million.

REP. PAUL ROGERS, (D., Fla.), head of the House Health Subcommittee, and other lawmakers confidently predicted more money would be forthcoming when Congress returns next year.

MEDICAL MALPRACTICE PROBLEM CONSIDERED

AN AMERICAN Medical Association spokesman said a solution to the medical malpractice problem must be found "which will provide equitable protection for the patient and the physician and which will not contribute unreasonably to the cost of medical care."

DR. ARTHUR J. MANNIX, JR., of New Rochelle, N.Y., outlined the AMA's position at a hearing of the government's special commission of medical practice. Dr. C. A. Hoffman, AMA president-elect and chairman of the AMA Professional Liability Committee, is a member of the Commission.

"THE PHYSICIAN should be permitted to treat his patient in an atmosphere of mutual trust and confidence, without continual threat of malpractice charges," Dr. Mannix said.

Continued

"SOME MEANS MUST BE found which will provide equitable protection for the patient and the physician and which will not contribute unreasonably to the cost of medical care. The physician should be permitted to treat his patient in an atmosphere of mutual trust and confidence, without continual threat of malpractice charges.

"NEW SYSTEMS, perhaps one based on scheduled benefits, or a system of limited and well-defined 'no fault' coverage may be the answer. We recognize that many questions will have to be considered when any major change is contemplated. Will the patient population, for example, be willing to yield its rights to adversary litigation as they know it now? In the interests of reduced medical care costs, would they accept, as another example, scheduled compensation perhaps limiting recovery to economic losses? In any event, any viable solution will have to be based on acceptance by the public.

"WE BELIEVE that additional experimentation with a variety of means may lead to a more satisfactory resolution of the problems facing us. The physicians of this country would welcome measures alleviating the many problems present today in the practice of medicine as it relates to malpractice liability The American Medical Association offers to this Commission its assistance as solutions are sought to this complex problem."

DR. MANNIX OUTLINED the AMA's activities in the field which culminated in the negotiation of a contract with CNA as insurance carrier and Marsh and McLennan as national administrator for the establishment of sponsored malpractice insurance in states which do not have them.

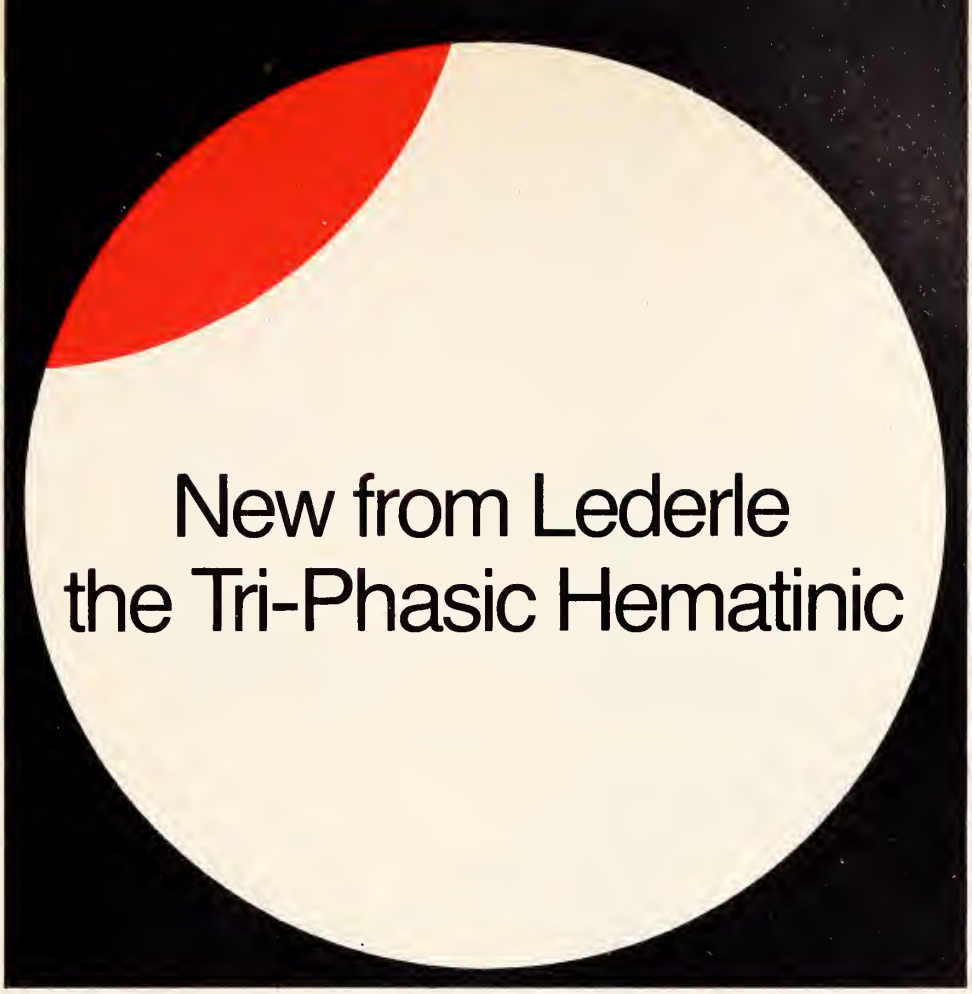
AMA OPPOSES FURTHER RESTRICTIONS ON BARBITURATES

THE AMERICAN Medical Association opposed further government restrictions on barbiturates.

DR. HENRY BRILL, a member of the AMA's Committee on Alcohol and Drug Dependence, pointed out to the Senate Juvenile Delinquency Subcommittee that barbiturates and other sedative drugs already are subject to tight controls under a federal law—penalties for illicit sale, restrictions on refilling of prescriptions, and mandatory registration by physicians who prescribe or dispense them.

"TO ADD TO the present restrictions on barbiturates so as to reduce medical overuse would be a disservice to patients who need them," Dr. Brill said. "Not only would it be more difficult to prescribe and administer such drugs in the treatment of numerous illnesses and disease, it would inevitably raise the costs of hospital care in direct proportion to the additional record keeping and reporting that would be required of these institutions, where so great a proportion of sedatives are used in therapy.

Continued

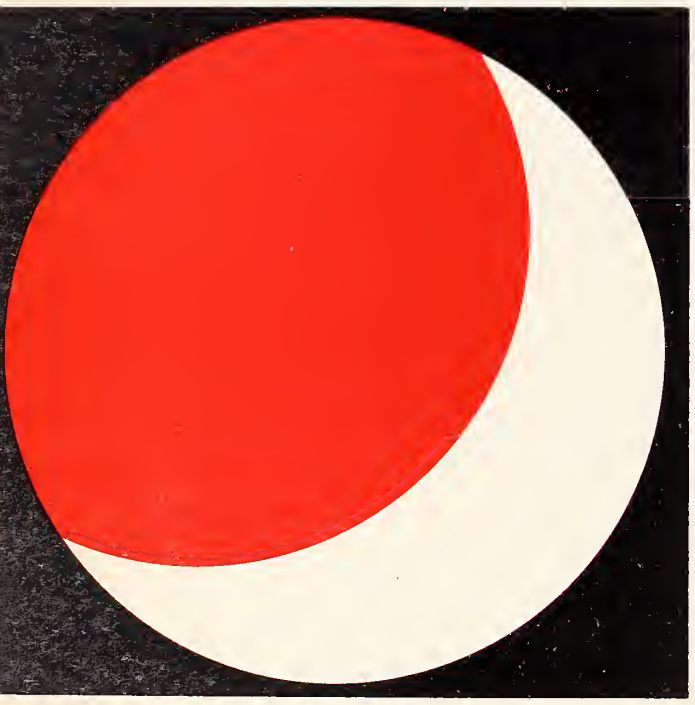


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"ON THE OTHER HAND, we vigorously support efforts to control street traffic and diversion of drugs. We also subscribe to and support the intensification of education and persuasive techniques to help assure the proper utilization of these drugs in medicine. We would urge medical schools to incorporate comprehensive material on drug abuse and drug dependence in their curriculums, stressing the importance of an accurate assessment of the abuse and dependence potential of patients when psychoactive drugs are medically indicated. Continuing education efforts should stem largely from drug utilization committees in hospitals where both the medical staff and house officers, together with nursing personnel, can benefit from an ongoing evaluation of prescribing practices."

INFLUENZA HOP-SCOTCHING ACROSS COUNTRY

THE FEDERAL government reported at the end of 1971 that outbreaks of influenza were hop-scotching across the country in a fashion typical of the 1969 epidemic that struck an estimated 30 million Americans.

THE NATIONAL CENTER of Disease Control (NCDC), a part of the Department of Health, Education, and Welfare with headquarters in Atlanta, Ga., said some of the influenza has been identified as the Hong Kong variety and some as "influenza-like." School absenteeism ranging as high as 30% was reported by communities hardest-hit by the bug.

THE INFLUENZA struck swiftly and spread rapidly. Practically no outbreaks were reported by state health departments in a telephone survey conducted by the NCDC on Nov. 17-18. But another phone survey conducted Dec. 21 revealed outbreaks in New England, the middle Atlantic states, midwest, south and the far west. The Hong Kong influenza "has been documented in Connecticut, Kansas, Michigan, New Jersey and Utah," the NCDC said.

"INCREASED influenza-like disease has been reported from Colorado, Idaho, Indiana, Louisiana, Maine, Massachusetts, Montana, New Mexico, Oregon, South Dakota and Wyoming," the center said.

THE DISEASE was reported to have caused mild symptoms in its victims.

THE WORLD HEALTH Organization said that influenza epidemics, much of it caused by the Hong Kong virus, have broken out in both eastern and western Europe.

DEFICIENCIES IN NURSING HOME STANDARDS FOUND

THIRTY-SEVEN states and the District of Columbia were given until Feb. 1 by the Department of Health, Education, and Welfare to improve what was termed "substantial deficiencies" in their standards for nursing homes.

"UNLESS such improvements are validated by the Feb. 1 target date, HEW intends to initiate a . . . procedure that could

Continued

ultimately result in withholding all federal medicaid funds from any or every one of the 38 states," HEW Secretary Elliot L. Richardson said.

HE REFERRED TO such standards as fire, sanitation, safety and medical services that are substandard in 37 states and the District of Columbia.

RICHARDSON TOLD the White House Conference on Aging that the deficiencies were found in a survey undertaken at President Nixon's request and completed Nov. 15. He said the 38 states' jurisidiction had been notified of the survey results. They are:

ARKANSAS, California, Connecticut, District of Columbia, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nevada, North Carolina, North Dakota, New Mexico, New York, Ohic, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin, West Virginia and Wyoming.

CUT IN AMPHETAMINE AND METHAMPHETAMINE MANUFACTURE PROPOSED

THE JUSTICE Department proposed production quotas to cut by 40% the amount of amphetamine and methamphetamine manufactured by U.S. drug companies in 1972.

ATTORNEY GENERAL John N. Mitchell said the Bureau of Narcotics and Dangerous Drugs (BNDD) proposed to limit production of amphetamine to 5,870 kilograms and methamphetamine to 2,782 kilograms—an approximate 40% cut from 1971 production and a 70% cut from what was requested by drug companies.

MITCHELL SAID 9,356 kilograms of amphetamine and 4,926 kilograms of methamphetamine will be produced this year. The drugs are used to treat narcolepsy, a form of sleeping sickness, and hyperkinesis, a form of hyperactivity found in children. They also have been used widely for treatment of overweight, although such use is questionable.

BNDD HAS ESTIMATED that large amounts of the legally produced drugs have been diverted into the illicit drug traffic.

THE 40% PRODUCTION cut was recommended by the Department of Health, Education, and Welfare. The proposed quota is the first time the government has used this authority under the 1970 Drug Abuse Prevention and Control Act. Manufacturers had 30 days to contest the action before it took effect.

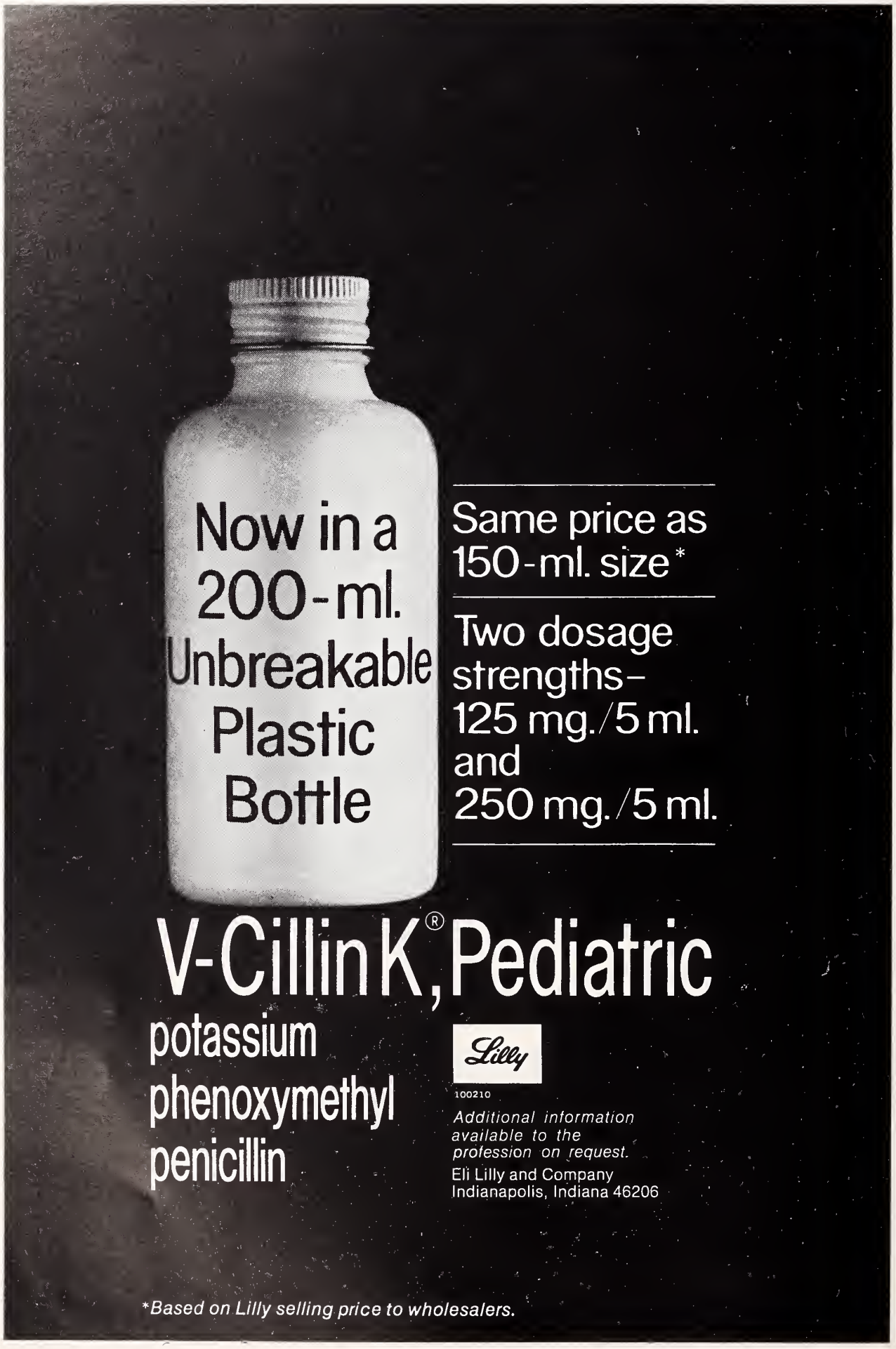
LEGAL USE of amphetamines could be curtailed as the result of a current Food and Drug Administration evaluation study of their effectiveness as a weight-reducing drug. The study will take two to six months, but the FDA already has ordered the amphetamine manufacturers to submit additional proof of effectiveness because of critical conclusions by the National Academy of Sciences. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — December 1971

Disease	Dec. 1971	Nov. 1971	Oct. 1971	Dec. 1970	Dec. 1969
Animal Bites	574	644	920	400	350
Chickenpox	259	214	174	328	302
Conjunctivitis	138	139	124	87	56
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	15	13	14	11	6
Gonorrhea	977	546	767	711	824
Impetigo	151	192	218	154	91
Infectious Hepatitis	53	42	43	42	79
Infectious Mononucleosis	122	100	109	114	71
Influenza	2473	1361	1391	1440	1546
Measles					
Rubeola	208	118	15	4	23
Rubella	90	62	40	41	81
Meningococcic Meningitis	3	4	4	2	5
Meningitis, Other	8	8	1	7	9
Mumps	111	85	92	267	238
Pertussis (Whooping Cough)	7	4	0	4	2
Pneumonia	341	297	262	403	440
Poliomyelitis	0	1	0	0	0
Streptococcal Infections	884	758	662	598	582
Syphilis					
Primary & Secondary	18	31	27	42	44
All Other Syphilis	111	70	83	85	108
Tinea Capitis	1	2	0	10	1
Tuberculosis (Active)	73	68	61	63	47




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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 65 — February 1972 — Number 2

Coronary Care in a Community Hospital

SUZANNE B. KNOEBEL, M.D.
JOSEPH C. KERLIN, M.D.
and
JOHN C. CALHOUN, M.D.*

CONCOMITANT with the spread of coronary care units (CCU) and the demonstration that CCUs in large medical centers with full time housestaff and unit directors lowered the mortality from myocardial infarction, doubts were being expressed concerning the capabilities of smaller hospitals without housestaff or full time hospital physicians for achieving the same benefits.[1,2] There are a few reports to the contrary, i.e., demonstrating that CCUs in smaller community hospitals are, indeed, effective.[3,4,5] Several of the reports, however, used gross mortality statistics to support their thesis. It has been recognized[6] that unless the composition of the patients admitted to a coronary care unit is precisely defined, comparison between different hospital experiences cannot be made. Higher or lower mortality rates do not necessarily reflect better or worse medical care. In addition, while the previous reports were from community hospitals, the staffs were, as a rule, composed of internists and, on occasion, physicians with specialized training in cardiology.

Despite the problems inherent in establishing and operating CCU, the vast majority of patients with myocardial infarction are managed in small community hospitals.[3] Hence, effective facilities for management of the disease at this level are essential. The purpose of this paper is to describe the efficacy of a CCU in a community hospital with an all general practitioner staff. This study is conducted under the auspices of the Indiana Regional Medical Program and the cardiological staff of Indiana University.

Methods

The Hendricks County Hospital is a 140-bed community hospital located 20 miles west of Indianapolis. The Coronary Care Unit is not separate but merged with intensive care beds. Four beds are provided with monitoring capability and a central alarm unit connected from the bedside to the main hospital switchboard. A "crash cart" is readily available, along with paramedical personnel in the fields of anesthesia and inhalation therapy.

Since no full time physician is available, responsibility for early recognition of serious complications and their management falls upon the nursing staff. The nurses all participate in continuing arrhythmia recognition courses at the Indiana University Medical Center. The nurses are authorized to defibrillate and give intravenous medications for situations defined in the unit protocol.

Unit policies are established and altered through regular meetings of the CCU staff. One physician assumes the responsibility for CCU director for a period of three months. As part of the data collection, all patients admitted to the unit are seen in consultation by a cardiologist from Indiana University Medical Center involved in this program. Under this system, prompt advice by a physician thoroughly familiar with each case is assured in case of a complication. The cardiologist discusses each case with the CCU nurses and the primary physician.

In order to quantify the results of

* From the Hendricks County Hospital, Danville, the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine.

Supported in part by the Herman C. Krannert Fund; Indiana Regional Program, USPHS P01-G0 3RM 00043; USPHS Grants HE-6308, HE-5363 and HE-5749, the Indiana Heart Association and Northeast Indiana Heart Association.

this type of unit, data code sheets were designed which provided enough information to establish an "index of severity" of myocardial infarction. Included are data concerning the presence or absence of arrhythmias of all types—heart failure, shock, the location of infarction, the age of the patient, sex, etc. The data code sheets are filled out by the nursing staff at the time of the patient's discharge from the unit. As part of the study the data is subsequently punched into IBM cards for computer analysis.

Results

During the two years covered in this report, 131 patients with unequivocal myocardial infarction were admitted to the Hendricks County Intensive-Coronary Unit. The over-all mortality rate was 14.5%. When this mortality rate is analyzed by index of severity, as seen in Table 1, Group 1 patients had a mortality rate of 4%; Group 2, 13%; Group 3, 25%; and Group 4, 78%.

Further analysis showed a higher mortality rate (30%) ($p<0.025$) in anteroseptal infarction than with infarction in other locations.

Nine patients suffered ventricular standstill and there was a 78% mortality rate in these patients ($p<0.005$). Other ominous conditions (Table 2) were bundle branch block (mortality rate, 58%) ($p<0.005$) and third degree A-V block (33%) ($p<0.001$). Sinus tachycardia was associated with a 31% mortality ($p<0.025$), the sinus tachycardia probably reflecting severity of the infarction and complications, primarily heart failure. This relationship is suggested by the high correlation coefficient between sinus tachycardia and enzyme elevation (SGOT and LDH) ($n = 0.8476$) ($p<0.001$). In addition, sinus tachycardia showed a highly significant correlation ($p<0.005$) with other findings of congestive heart failure—i.e., diastolic filling sound (third heart sound or ventricular gallop); pulmonary edema, dyspnea and orthopnea, and cardiomegaly by chest x-ray.

Table 1.
Mortality Rate According to the Index of Severity

	Actual Mortality	Expected Mortality
Group 1	4%	0 - 5%
Group 2	13%	12%
Group 3	20%	25%
Group 4	78%	65%

Established by using same criteria for severity in large numbers of patients.[6]

Table 2.
Arrhythmias Associated with Increased Mortality

Ventricular Standstill	78%	$p < 0.005$
Bundle Branch Block	58%	$p < 0.005$
3° A-V Block (Anterior Infarction)	33%	$p < 0.001$
Sinus Tachycardia	31%	$p < 0.025$

Twenty-six patients had heart block of varying degree (1°, 2° and 3°), eight having third degree block. The largest percentage of heart block occurred in patients with inferior infarction (69%). All deaths occurring in patients with heart block were with anterior infarction.

There was no significant difference in the mortality rates of patients with and without sinus bradycardia, junctional rhythm with inferior infarction, atrial ectopic beats, junctional ectopic beats, ventricular ectopic beats, atrial flutter or atrial fibrillation (Table 3). There did seem to be a tendency toward increased mortality with paroxysmal atrial tachycardia (23% with, as opposed to 14% without) but the numbers were too small for statistical accuracy. Only 10 patients had this complication.

During the two-year period, 6 patients suffered ventricular fibrillation. While 5 of these patients died, none were primary ventricular fibrillation, i.e., they were all secondary and terminal arrhythmias seen in patients with shock or severe heart failure. There was no evidence that primary arrhythmias, unrelated to severity of infarction, contributed to the mortality rate.

Of interest were the findings of an increased mortality rate in patients with a history of previous infarct ($p<0.05$) and a history of previous angina ($p<0.025$). These items were weighted in the index and such weighting appears to be justified on the basis of these data. There was no increased mortality associated with smoking history, hypertension, diabetes mellitus or sex.

The widely recognized increased mortality rate associated with congestive heart failure (32 patients) (28%) and shock (12 patients) (90%) was again documented.

Discussion

The data obtained and presented here, in part, are significant in several ways. It is clear that a community hospital, with general practitioners as staff, can operate effectively in the area of coronary care. The over-all mortality rate and the mortality rates by severity of complication are equal to and, in some areas, improve upon those from university medical centers with full-time housestaff and full-time unit directors. When the factors governing the outcome of coronary care—namely, 1) speed of admission, 2) composition of population and 3) quality of medical care—are carefully considered, as in the present study at the Hendricks County Hos-

Table 3.
Arrhythmias not Associated with Increased Mortality

Sinus Bradycardia
Atrial Ectopic Beats
Junctional Ectopic Beats
Atrial Flutter
Atrial Fibrillation

pital, there is no question that quality medical care for the patient suffering myocardial infarction is being offered in that hospital. Because of the somewhat increased mortality rate in Class 4 patients over the expected, emphasis has been placed on respiratory care and blood gas determinations, and the data for the first half of this year suggest that the mortality rate is now approximately 60% in this group.

The study points out the feasibility of obtaining quality control information. The nurses filled out the data code sheets. This requires a high level of motivation and competence which is self generative. For example, if a nurse finds it difficult to fill out a data code sheet because of missing information or because the question asked was not given any attention in that particular patient, a suboptimal level of operation is indicated. For, the sheets are designed to cover the major complications of myocardial infarction, the presence or absence of which need to be assessed in every patient for optional care. If it is not known whether the infarction was anterior or inferior or whether congestive heart failure was present or whether ventricular tachycardia occurred, a well motivated staff will correct these inadequacies by focusing its training program on electro-cardiographic diagnosis, physical examination or whatever is required. There is also a transference function. The ever-present need for the nurse to fill out the code sheets forces, on occasions, interpretation of a complex arrhythmia strip or an abnormal heart sound by the attending physicians.

Of medical significance was the handling of heart block in the community hospital setting. While the largest percentage of heart block of all degrees occurred in inferior infarction, none were treated with artificial pacemakers. Atropine was used exclusively in the patients requiring an acceleration of rate and there was no significant increase in mortality in this group over and above that expected by severity classification. Artificial pacemaker was used three times in patients with anterior infarcts and all succumbed. This is not unexpected. Data is accumulating[7,8] to suggest that heart block associated with anterior infarction is a reflection of extensive myocardial damage and an old previous infarction. Thus, the rhythm problem per se is not the determining factor for survival. Recognition that heart block occurring in association with inferior infarction can in most instances be managed by drug therapy has removed a major concern for community hospitals with no physician trained in this specialized procedure. In the rare instance where heart rate with inferior infarction cannot be controlled, or, in the few cases of heart block with anterior infarction, transfer of the patient to a center having pacemaker implantation capability is usually feasible.

Recently it has been pointed out that there is a linear correlation between LDH and SGOT elevation and mortality rates in patients with acute infarction; consequently, the efficiency of coronary care units could be judged on this basis.[9] If, for an individual unit, there is a statistically significant linear correlation coefficient between enzyme elevation and mortality, the number of patients dying from treatable arrhythmias can be assumed to be insignificant. On the other hand, if there is mortality in addition to that described by the regression coefficient, patients may be dying of such arrhythmias. This would certainly be a simpler way for monitoring quality care. However, we feel that the educational benefit derived from the somewhat more complex data coding presented here probably justifies its use. In addition, the data sheets provide the possibility for more derived information which could contribute to the general body of scientific information concerning myocardial infarction. For example, the above study does not include CPK determinations. We have found that, whereas LDH and SGOT determination do indeed correlate with certain arrhythmias and mortality, CPK does not. Further collection of data in large numbers of patients may thus allow insight into which arrhythmias are primary and which are secondary or associated with heart failure which LDH and SGOT may reflect. Thus, all hospitals may become "academic" in the sense that data are being collected and analyzed which will contribute to understanding mechanisms of arrhythmias and, perhaps, preventive therapeutics.

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Computers in Electrocardiography

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THE potential application of computers in clinical electrocardiography is a subject of great interest to a number of laboratories devoting considerable time to study of the ECG. It has been the hope of those working in the field that computers with their objectivity, speed and reproducibility could add another dimension to the interpretation of electrocardiograms. These hopes have, as yet, not materialized. Recent enthusiastic commercial ventures into computerized electrocardiography suggest that a review of the current state of the art would be useful.

To date, the performance of computers has been most predictable in the interpretation of the normal electrocardiogram. Most studies have demonstrated about 90% reliability for *technically acceptable* (see below) normal tracings. Thus, when large epidemiological screening studies are undertaken, the computer might prove potentially helpful by relieving the physician of the need for interpreting large numbers of normal cardiograms. However, when the abnormal ECG or arrhythmias are under consideration, many problems still exist. Some of these are discussed below.

Limitations: Non-medical

Many of the technical limitations of ECG interpretation by computer are due to the method of ECG recording and transmitting from the patient to the computer. The ECG is recorded on magnetic tape and, by means of an acoustic coupler, transmitted via telephone line to the computer. The transmitted data must be "perfect," in that the electrocardiographic signal be free of random somatic noise, phone line transmission (electrical) noise, and magnetic tape distortion; for, otherwise, the information can be rendered totally useless for computer analysis. This point is the subject of a recent editorial in which it was pointed out that 51.9% of 293 tracings were unacceptable for computer interpretation because of random noise, baseline shifts or improper technician coding.

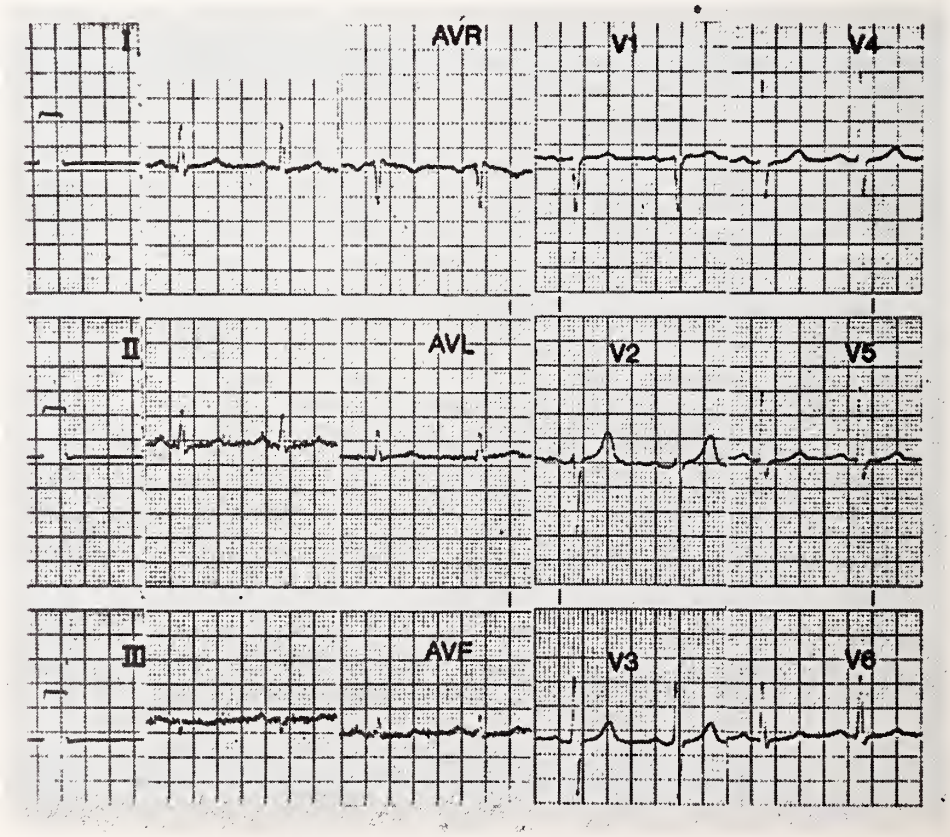


FIGURE 1
NORMAL electrocardiogram. For computer interpretation see Figure 3-A.

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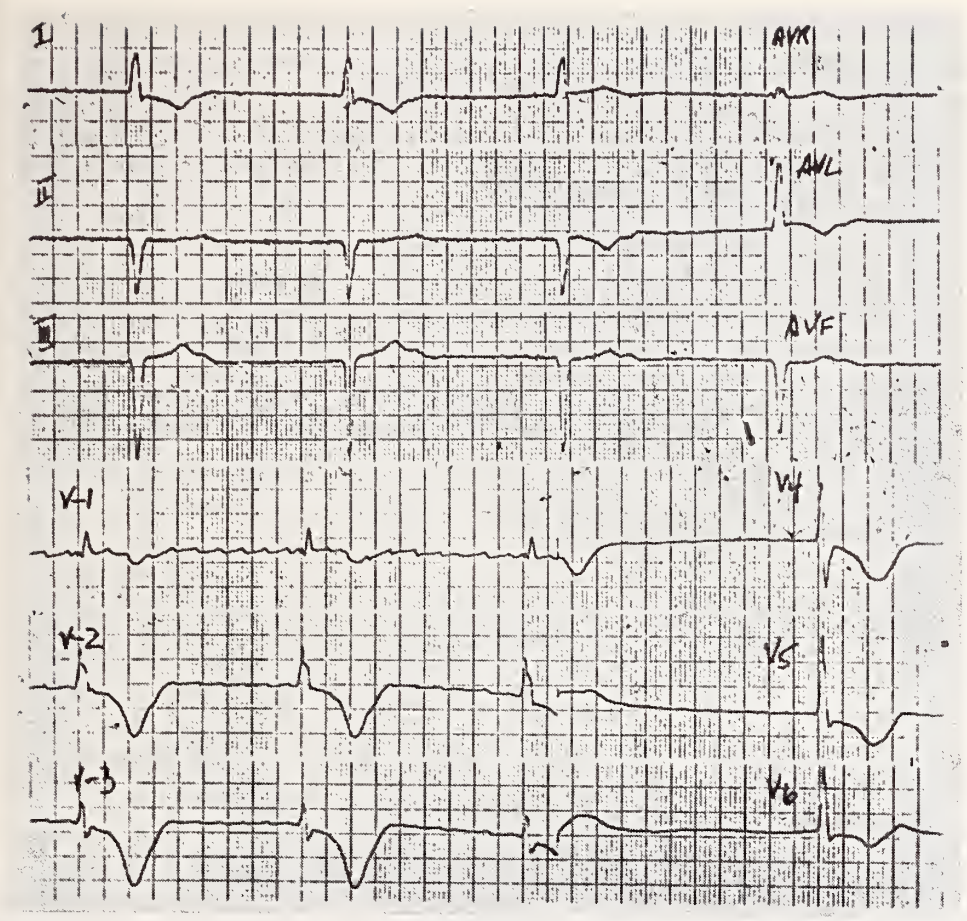


FIGURE 2

ATRIAL fibrillation-flutter with complete A-V block with a ventricular rate of about 33. For computer interpretation see Figure 3-B.

An anticipated by-product of the computerized electrocardiography—such as cost reduction and conservation of manpower—is still to be achieved. Computerized interpretation, because of its logic, requires large and extremely expensive equipment, which, if fully dedicated to electrocardiographic interpretation leads to an extremely costly capital investment and upkeep both in terms of equipment and people. The continuous revision of the existing programs, if these are to be applied to clinical electrocardiography, is essential and represents an additional substantial commitment of manpower and finances, all of which will be reflected in the ultimate cost.

Limitations: Medical

Serious deficiencies exist in the presently proposed and used programs. In the area of QRS recognition the computer has difficulty in determining the beginning and end of the QRS complex. These limitations in QRS analysis have resulted in a false negative diagnosis of bundle branch block in 12%, myocardial infarction in 10% and ventricular hypertrophy in 7%. This is particularly disturbing since the strength of computers at present is in the identification and description of the QRS. Furthermore, in a comparable number a pathological diagnosis is made when the electrocardiogram is normal. These errors were due to both incorrect measurement and inadequate computer logic (Figures 1, 3-A). Figure 1 demonstrates an electrocardiogram which is normal in every respect. The computer interpretation (Figure 3-A) gives a QRS measurement of .14 sec, "intraventricular block" and an array of other diagnoses: "exclude premature contractions," "consider electrolyte imbalance," "drug effects," and, finally, "abnormal ECG." This sort of interpretation is misleading and may result in iatrogenic heart disease.

The most difficult aspect of clinical electrocardiography is a proper in-

A.

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
PR	.16	.19		.18	.12	.13	.26	.21	.17	.17	.18	.17
QRS	.09	.13		.06	.19	.14	.11	.15	.08	.09	.10	.09
QT	.40	.43		.41	.38	.33	.42	.46	.40	.43	.41	.43
RATE	72	71		71	70	70	70	73	73	74	74	74
CODE	2A	3	A	3	3	3	2	3	3	4	2	4

AXIS IN DEGREES	P	QRS	T	Q	R	S	STO	ST-T	QRS-T
	72	02	18		12	192	-52	70	16

2021 QRS VARIABLE 2 LEADS
4451 QRS .14 SEC
8371 QRS AXIS RANGE 9 TO -9
7311 PROLONGED QT INTERVAL

I LEAD NOT MEASURED

- EXCLUDE PREMATURE CONTRACTIONS
- INTRAVENTRICULAR BLOCK
- HORIZONTAL AXIS
- CONSIDER ELECTROLYTE IMBALANCE.
- DRUG EFFECTS
-
- ABNORMAL ECG
-

---------- M.D.

B.

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
RATE												
CODE	U	U	U	U	U	U	U	U	U	E	SUE	E

AXIS IN DEGREES	P	QRS	T	Q	R	S	STO	ST-T	QRS-T

9999 DEFECTIVE DATA
2413 ATYPICAL QRS OR ARTIFACTS
9999 POSSIBLE INSUFFICIENT DATA FOR INTERPRETATION

- REQUEST REPEAT ECG
- EXCLUDE PREMATURE CONTRACTIONS
- RETRANSMIT OR CONSULT
- ELECTROCARDIOGRAPHER
- PATIENT ARTIFACT TESTS
- BYPASSED BY REQUEST
- BORDERLINE ECG
- BASED ON AVAILABLE LEADS
-

---------- M.D.

FIGURE 3

A — Computer interpretation of Figure 1.
B — Computer interpretation of Figure 2.

terpretation of arrhythmias. It is here that the computer programs are most, and some, totally lacking in logic. First, the existing programs do not have an adequate system of logic to correctly classify the cardiac dysrhythmias. The diagnostic capability of the computer is further decreased by the inability to accurately recognize the P wave, especially when the P is superimposed on the T wave. It must be borne in mind that a computer program is only a series of human instructions which carry out the measurement of certain specified intervals and apply a sequence of logics to the observed data. For example, in the presence of A-V dissociation, where the sinus rate is nearly the same as the junctional rhythm, the computer will be unable to decide whether the QRS complexes are conducted from the sinus beat or, indeed, are the result of a separate rhythm. Thus the computer, because of a relatively short sampling period, may not have sufficient time to determine whether or not sinus rhythm or A-V dissociation or block is present. A clinician would simply order a longer recording. With a 2:1 block with one P wave buried in the T wave, the computer will most likely interpret the rhythm as normal sinus rhythm, while, in fact, a careful analysis of the T wave would unmask the second P wave. A systematic approach to disturbances of cardiac rhythm is the subject of many textbooks. It is difficult to expect that human logic dealing with the numerous aspects of arrhythmias can be appropriately translated into machine logic. The computer knows only that which it was programmed to observe and diagnose. Consequently, electrocardiograms, such as shown in Figure 2 and 3-B, may be incorrectly interpreted. The electrocardiogram demonstrates atrial fibrillation-flutter and complete A-V block with a slow ventricular rate (about 33). The computer applies its programmed diagnostic capabilities to this electrocardiogram and arrives at the diagnoses of "defective data," "atypical QRS or artifacts," and "possible insufficient data for interpretation." It requests that the physician please "repeat the electrocardiogram, exclude premature contractions" (of which there are none), "retransmit or consult." The ECG is diagnosed as a "borderline electrocardiogram based on available leads." This serves to point out diagnostic limitations of the computer because of restrictive programming, inadequate logic, and most importantly, our inability to translate the various arrhythmias into useful programs. The physician confronted by this particular computer diagnosis must first recognize that the ECG and the computer have nothing in common, and secondly, must rely on his own knowledge, because he is in no position to talk to the computer. On the other hand, he could discuss the interpretation which may not fit the clinical picture with an electrocardiographer.

At the present time the "best" programs are "corrected" programs. An attending cardiologist reviews the computer write-outs before returning the reading to the physician. This introduces a totally unknown variable—namely, who is the individual reviewing the tracings? Such programs, however, are not computer programs but computer-assisted programs. This correction capability is mandatory since the computer, at best, can correctly interpret about 75% of the abnormal electrocardiograms. Commercial ventures have advertised 24-hour service and not infrequently have failed to mention that an attending cardiologist may not be present to review the computer interpretation. Consequently, an incorrect computer interpretation may be corrected only after a several hour delay. In the case of emergency readings in life-threatening clinical situations, such revisions may represent electrocardiographic "postmortems." Furthermore, in a well organized heart station with adequate microfilming facilities, the physician has the capability of prompt review of previous electrocardiograms for comparative analysis, a feature which has, as yet, not been accomplished by available commercial computer programs. Such capability for prompt review is mandatory in establishing an accurate clinical correlation, for these comparative interpretations often determine a course of action to be taken in the management of the patient.

The reports of the over-all results of computer interpretation of electrocardiograms have varied. Some suggest that the computer has an over-all 84% accuracy (including normal ECGs), while others claim that the computer, at best, has only a 67% accuracy. In a recent publication, 74% of abnormal electrocardiograms were shown to have been correctly interpreted. This is a significant improvement over earlier attempts in this area but still fails to provide an accurate and reliable analysis acceptable for clinical electrocardiography. The same study points out the need for improvement which will require the expenditure of large sums of money and time with a questionable yield. The reliability of some programs appears to be inordinately high compared to identical programs on other machines. The statistical differences in reliability are not a product of the machine reading, but probably due to the human decision making during correction of some and not other programs.

The vast majority of cardiologists have deferred their decision about the ultimate applicability of computers in electrocardiography until acceptable statistical analysis of diagnostic capabilities becomes available. This will be achieved only when the physician interprets the electrocardiogram first, and then it is compared with a computer reading. Otherwise, the physician becomes biased by the computer interpretation. Such a biased approach renders statistical

verification of the reliability impressively high and makes the scientific and clinical value of such studies justifiably open to question.

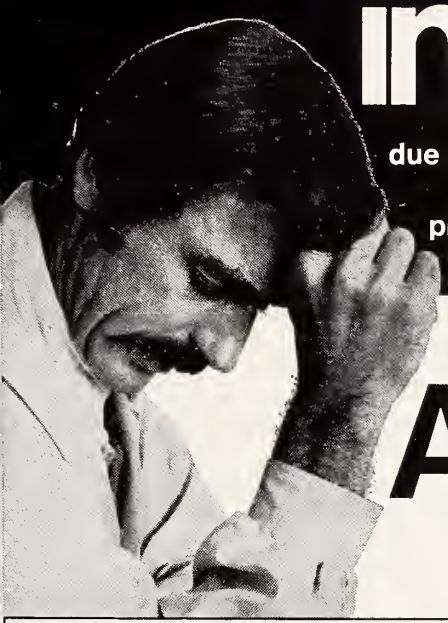
Summary

It must be borne in mind that the evolution of the computer in modern day society must necessarily be a gradual trial-and-error effort. Undue enthusiasm has aroused considerable interest in the potential utilization of computers in interpretation of the ECG. The computer can only supplant the physician's interpretation when its diagnostic capability is equal to, or better than that of the physician. It cannot be considered clinically useful with no more than 75% and 50% reliability in interpretation of the QRS and arrhythmias respectively. Until the computer can be shown to be as reliable as the physician who interprets the ECG, the computer must remain a research tool.

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Automaticity: Mechanisms and Electrocardiographic Consequences

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Of the heart. This moves on its own, and does not stop, unless forever.
—Leonardo da Vinci.

Introduction

CERTAIN cells of the heart possess the property of automaticity, the inherent ability to undergo depolarization *de novo*, that is, in the absence of extrinsic stimuli. These cells are referred to as pacemaker cells. The normal pacemaker cells for the heart are located in the sinoauricular (SA) node. However, other latent pacemaker cells are found in the atria, portions of the atrioventricular (A-V) junction, the bundle of His, the bundle branches, and the more peripheral Purkinje network. Pacemaker activity has not been documented in the contractile cells of the atria or ventricles. These latent pacemakers are normally quiescent because the SA nodal cells fire more rapidly, thus discharging the lower pacemakers before they develop significant spontaneous depolarization. In general, the more distal potential pacemakers have a slower inherent rate of spontaneous depolarization than the proximal, more rapidly discharging pacemaker cells. For example, normally the inherent rate of discharge is greater in the A-V junction than in peripheral Purkinje cells. The purpose of this paper is to describe the electrophysiological determinants of automaticity and to relate this phenomenon to certain rhythms, normal and abnormal, evident electrocardiographically.

I. Electrophysiological Determinants of Automaticity

The advent of ultramicroelectrode techniques in electrophysiology has provided the most illuminating means of studying the property of automaticity. If a single SA nodal cell is impaled and its time course of depolarization and repolarization recorded and compared to the recording of an action potential from a non-pacemaker cell, certain differences are immediately apparent (Figure 1). The distinguishing difference between these action potentials is that in the pacemaker cell there is a gradual decline in transmembrane potential during phase 4, whereas, in the non-pacemaker cell, phase 4 demonstrates a stable "resting" potential, and this cell type requires an external stimulus to reach threshold and discharge.

The ionic basis of spontaneous phase 4 depolarization has not been determined with certainty. However, the fall in transmembrane potential is thought to be the consequence of a decreased permeability to potassium during electrical diastole.[1-4] Thus, potassium cannot efflux from within the cell. Concomitantly, there is a slow influx of positively charged sodium ions. It is this accumulation of positively charged ions inside the cell which makes the interior of the cell gradually become electrically less negative. Hence, the transmembrane potential during phase 4 approaches 0. It is this spontaneous fall in potential during phase 4 which characterizes the property of automaticity. Ionic fluxes within such cells cause threshold to be reached without external stimulation, resulting in a propagated action potential.

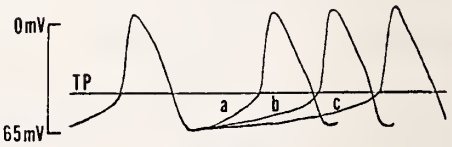


FIGURE 1

MONOPHASIC action potentials recorded from a pacemaker or automatic cell (A) and a non-pacemaker cell (B). Note that phase 4 of the pacemaker cell gradually declines, whereas the non-pacemaker cell demonstrates a stable resting potential during phase 4. Phases 0 and 3 are also identified.

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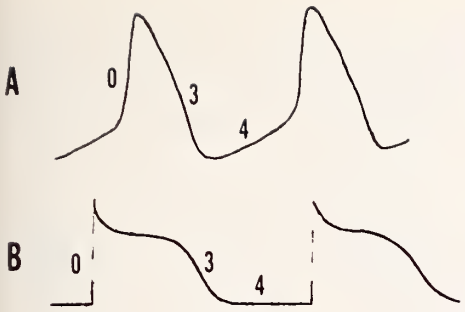


FIGURE 2

DEMONSTRATION of how a change in the slope of phase 4 either accelerates or suppresses the rate of firing of an automatic cell. The phase 4 labelled "b" is control. The slope is increased in "a" and decreased in "c," resulting in rate acceleration and depression respectively.

There are numerous interventions which affect the rate of discharge of automatic cells. Changes in the level of threshold potential or in maximal diastolic potential will alter the rate. Rate may then be accelerated by decreasing the level of maximal diastolic potential or by making the threshold more negative, i.e., make threshold approach maximal diastolic potential. However, perhaps the most frequently encountered maneuvers are suppression by the higher, more rapidly discharging pacemakers or alterations in the slope of spontaneous phase 4 depolarization by numerous physiological, pharmacological or physical agencies. Thus, if threshold and maximal diastolic potential remain constant, increasing the slope of phase 4 depolarization causes an increase in the rate of firing of a pacemaker cell. Conversely, reducing the slope results in a slowed rate. This is illustrated in Figure 2. For example, it is well known that the normal sinus rate is strongly influenced by autonomic nervous intervention.[5] Thus, vagal stimulation suppresses the frequency of sinus discharge, whereas sympathetic stimulation, mediated through epinephrine and norepinephrine, causes sinus tachycardia. Atropine, by removing vagal influence on the SA node, causes an increase in the slope of phase 4 depolarization resulting in increased frequency of firing. Increased extracellular potassium suppresses automaticity,[6] a fact which may explain the absence of atrial activity (P waves) in patients with very high serum potassium levels. Hypokalemia favors the development of automaticity[6] as does digitalis excess.[7] Thus, the patient receiving both digitalis and a potassium-wasting diuretic agent is especially susceptible to arrhythmias due to increased automaticity.

The commonly employed antiarrhythmic drugs, such as quinidine, procaine amide or lidocaine (in addition to other effects on conduction), suppress the slope of phase 4,[5,8] causing a slowing of the rate of certain pacemaker cells. Stretching a Purkinje bundle induces automaticity,[9] a factor which may contribute to the ventricular arrhythmias which often accompany acute cardiac dilatation or pulmonary embolism.

II. Electrocardiographic Consequences of Automaticity

The property of automaticity is shared to a greater or lesser extent by many cells of the heart. Because the sinus node discharges with the greatest frequency, sinus rhythm is the normal electrocardiographic mechanism of impulse formation. However, alterations of automaticity do occur in the normal and diseased heart which result in common arrhythmias. This section will discuss three examples of arrhythmias due to automaticity.

1. *Escape Beats*

An escape beat is a beat which occurs because the higher dominant pacemaker fails to fire. Escapes are not pathological. Indeed, this mechanism protects the heart from long periods of extreme bradycardia or asystole, and is considered to be physiological, although it may operate in diseased hearts which exhibit abnormal electrocardiograms. Lower pacemakers, when relieved of the frequency-dependent suppression of high pacemakers, undergo spontaneous phase 4 depolarization and discharge. This is the mechanism responsible for escape beats. If the dominant pacemaker does not discharge rapidly enough, a period of escape rhythm, i.e., a sequence of escape beats, will occur.

Figure 3 is an electrocardiographic example of an escape beat and demonstrates the electrophysiological correlate of the escape mechanism. The lead 2 rhythm strip shows two sinus-conducted beats, the second of which is followed by a long pause due to a non-conducted premature atrial beat. The pause is terminated by a QRS complex differing from the earlier sinus beats in morphology. Furthermore, there is no preceding P wave, indicating that the beat is not of sinus origin. Instead, following failure of discharge of the sinus node, a subsidiary pacemaker, probably in the A-V junction, underwent spontaneous phase 4 depolarization and fired, causing an escape beat.

The top panel depicts two action potentials from Purkinje cells which were being electrically stimulated. Following the fourth driven beat, the stimulator was switched off and the process of phase 4 depolarization began, resulting in spontaneously occurring action potentials after a pause. The process of phase 4 de-

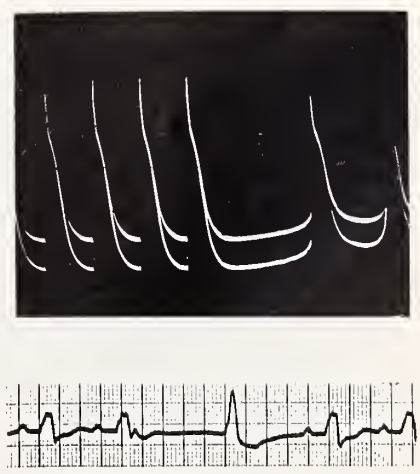


FIGURE 3

ESCAPE BEATS. The top panel depicts the electrophysiological mechanism responsible for the electrocardiogram in the lower panel. See text for discussion.

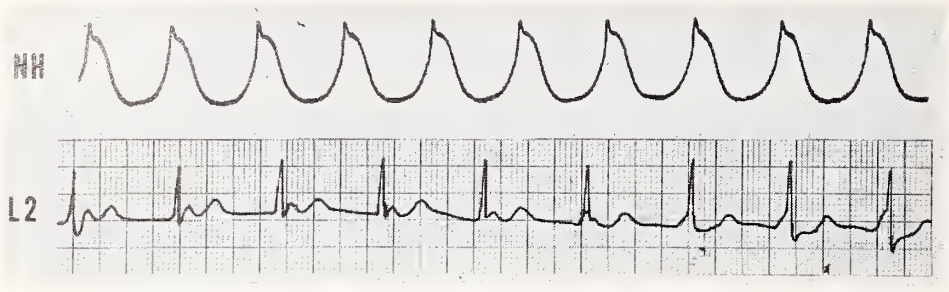


FIGURE 4

NON-PAROXYSMAL junctional tachycardia, the mechanism of which (top panel) is abnormal acceleration of a pacemaker cell in the nodal-His (NH) portion of the AV junction. See text for discussion.

polarization was allowed to proceed because the cells, being *potential* or *latent* pacemakers were removed from the influence of the more rapidly discharging electrical stimulator (which would be the correlate of the sinus node). Thus, escape beats occur after a pause which is longer than the basic cycle length—that is, they are delayed. Escape beats may arise from the A-V junction or from the specialized conducting system below the A-V junction, depending upon which area undergoes the most rapid spontaneous phase 4 depolarization.

2. *Non-Paroxysmal Junctional Tachycardia (NPJT)*

Non-paroxysmal junctional tachycardia is another arrhythmia due to a disorder of automaticity. It is most commonly observed as a consequence of digitalis intoxication or during the course of an acute inferior wall myocardial infarction. It also may occur in acute rheumatic carditis or following open heart surgery. The mechanism of NPJT is abnormal acceleration of phase 4 depolarization of certain cells in the AV junction or bundle of His. These pacemaker cells normally have the ability to depolarize no faster than 40-60 times a minute, but, because of the interventions mentioned above, they depolarize abnormally rapidly at rates between 70-150 beats/min.

Figure 4 is an example of NPJT and its electrophysiological counterpart. The action potential, recorded from a cell in the A-V junction demonstrates a rapid rate due to rapid phase 4 depolarization. The ECG rhythm strip taken from a digitalis-intoxicated patient reveals regular R-R interval at a rate of 100, independent of the P waves and clearly in excess of the normal escape rate of the A-V junction. Treatment of this arrhythmia is directed towards alleviation of the precipitating cause.

3. *Ventricular Parasystole*

Ventricular parasystole is another disturbance of rhythm, presumably caused by disturbances in the automatic process. Parasystole has not been reproduced in the laboratory; hence, the mechanism of this arrhythmia must be implied from a study of the clinical electrocardiogram.

The typical electrocardiographic pattern of ventricular parasystole is the appearance of premature ventricular systoles of similar configuration but which are not coupled to the preceding conducted beat. Furthermore, in the absence of exit block from the parasystolic focus, the premature beat should appear at a fixed inter-extrasystolic interval if the ventricle is not refractory consequent to the preceding QRS complex. Finally, the parasystolic focus is not reset by the sinus or dominant rhythm. This is evidenced by the fixed inter-extrasystolic interval (Figure 5).

Thus, parasystole represents competition by two pacemakers, one (most commonly), the sinus node.

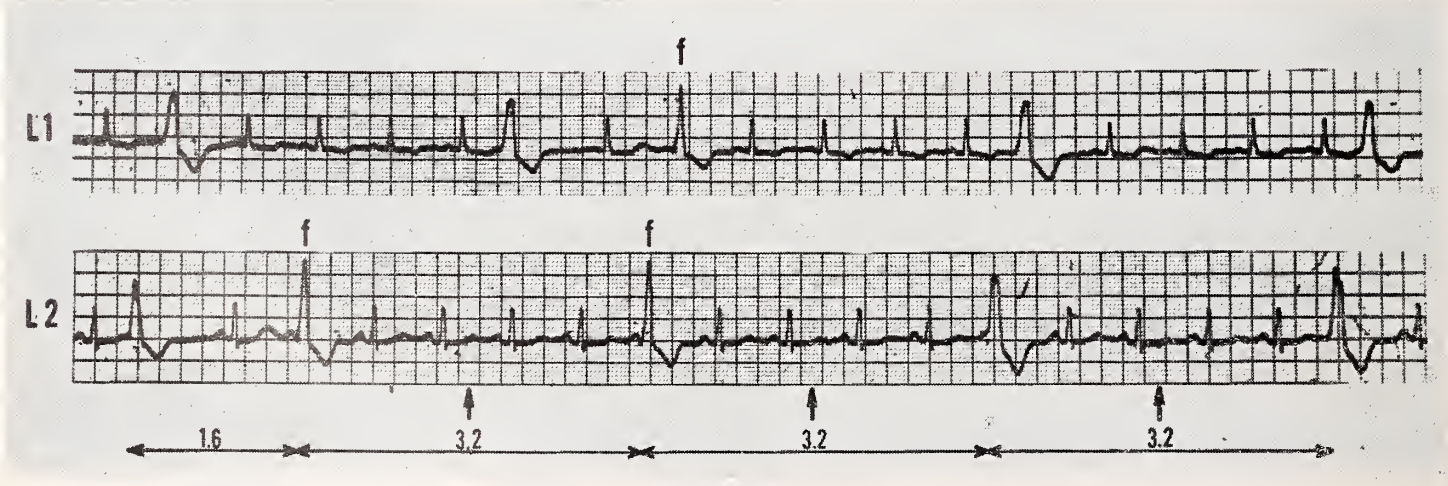


FIGURE 5

VENTRICULAR PARASYSTOLE. The parasystolic focus fires every 1.6 seconds. However, frequently the ventricles are refractory to discharge by the parasystolic focus (indicated by the arrows, bottom panel), resulting in inter-extrasystolic intervals which are exact multiples of the rate of the parasystolic focus. Fusion beats (f) are present. See text for discussion.

and the other the automatic parasystolic focus which, because of "entrance block" is protected from discharge by the other competing pacemaker. If the two pacemakers fire nearly simultaneously, varying degrees of fusion QRS complexes will result. Figure 5 is an example of ventricular parasystole in the presence of normal sinus rhythm. The parasystolic rate is 32 beats/min (demonstrated by the interval between the second and third premature beats in the top strip or the first two premature beats in the bottom strip). Furthermore, there is no fixed coupling interval between the premature parasystolic QRS complexes and the preceding sinus beats. The longer inter-extrasystolic intervals are exact multiples of the basic parasystolic rate, indicating that the parasystolic pacemaker was not discharged and reset by the sinus beats. The ectopic pacemaker evidently fired during these intervals, but the ventricle was refractory to depolarization because of critically timed sinus beats. Note the fusion beats (f) which arise when the two competing pacemakers discharge nearly simultaneously.

Summary

The property of automaticity, the consequence of complex ionic and electrical events at the cellular level, is influenced by a host of physiological, pharmacological and physical agencies. Changes in the automatic process result in a variety of arrhythmias which may be due to alteration of the normal sinus pacemaker, induction and acceleration of latent pacemakers, or a combination of both mechanisms.

Acknowledgements

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Arm Raising: An Unusual Cause of Intermittent Pacemaker Malfunction

J. STANLEY HILLIS, M.D.
*Indianapolis**

FOR the past ten years electrical stimulation of the heart has become the accepted form of treatment for certain disorders of cardiac rhythm. With its increasing use, a number of problems related to pacemaker function have become recognized.[1-3] Various types of pacemaker malfunction per se have been reviewed and it is evident that failure of electrical stimulation can result from a malfunction anywhere within the pacing apparatus, from within the pulse generator to the cardiac electrodes.[1,4-5] The case reported herein describes a unique type of intermittent pacemaker malfunction caused by arm raising.

Case Report

An 82-year-old female was admitted to the Indiana University Medical Center on 8-17-70 for evaluation of syncope. In 1966 an epicardial fixed-rate pacemaker had been implanted for symptomatic complete heart block. The pulse generator was secured beneath the left axilla and the epicardial electrodes were sutured to the anterior wall of the left ventricle. Since that time, battery replacement was performed at 18-month intervals, the last insertion being on 12-6-68. In November 1969 the patient was evaluated for simple syncope unrelated to orthostasis, not preceded by aura nor succeeded by a postictal state. This had occurred for almost a year. Neurologic evaluation was negative and no evidence of pacemaker malfunction was evident. The patient was followed as an outpatient and continued to have syncopal episodes. She was admitted on 8-17-70 for further evaluation.

Physical examination revealed an elderly white female in no distress. Blood pressure was 140/70, pulse 72 and regular. There was no evidence of heart failure. The PMI was not displaced; auscultation of the heart revealed a varying intensity of the first heart sound, persistently split S_2, and intermittent atrial sounds throughout the cardiac cycle. The remainder of the physical examination was within normal limits. Laboratory studies were all within normal limits.

Continuous monitoring failed to reveal any pacemaker malfunction until the third hospital day, when the patient was observed to raise her left arm to an angle of 90°. In this position pacemaker asystole was recorded (Figure 1) and the patient became symptomatic. The asystole and symptomatology spontaneously abated with correction of the arm position. On 8-24-70, under local anesthesia, a new battery was implanted. At the same time the wires, at their exit from the pulse generator, were spliced. One of the two wires at entry into the pulse generator was found to have been severed, and pulling at both ends of the severed parts resulted in failure of stimulation. The patient was discharged on 8-28-70 and has been asymptomatic.

Discussion

This patient became symptomatic only when there was an interruption

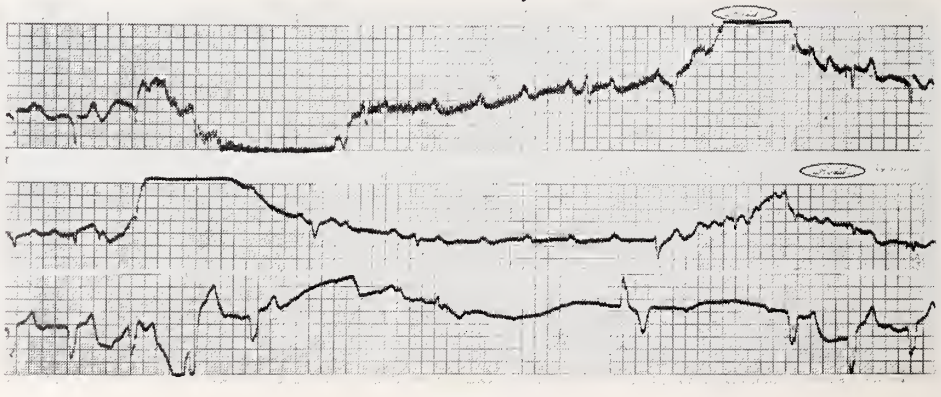


FIGURE 1
STRIPS A, B, and C demonstrate ventricular standstill accompanying raising of the left arm.

* From the Department of Medicine, Indiana University School of Medicine, and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis.

Supported in part by the Herman C. Krannert Fund, U.S.P.H.S. Grants HE-6308, HTS-5363 and HE-5749, the Indiana Heart Association and the AMA Committee for Research on Tobacco and Health.

of one of the wires near the pulse generator. In retrospect, the patient admitted that she had "learned" not to perform activities which required the raising of her left arm (reaching above the head, stretching, or scratching her head). In fact, she predictably fainted when her arms were raised for the lateral chest x-ray. After the syncopal attack occurred, the patient's arm returned to its normal anatomic position (the effects of gravity acting freely). This rejoined the broken wire, completed the circuit and functional pacing regained.

Summary

Many different types of pacemaker malfunction have been reported. Described herein is a case of intermittent malfunction in a permanently implanted epicardial fixed-rate pacemaker. The malfunction occurred only when the left arm was raised and presumably was due to the separation of the ends of a severed wire near the pulse generator.

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Someone Should Tell the FDA

AS a result of a clinical investigation which found that several preparations of digoxin varied markedly in bioavailability even though they were all equal by USP chemical standards, the Food and Drug Administration will run tests on digoxin products for biologic equivalence.

Last year clinicians of Columbia University College of Physicians analyzed four lots of digoxin because of observations that patients were responding atypically to carefully planned therapeutic schedules. The four lots of tablets were found to be chemically equal and within USP requirements. However, when administered to normal volunteers the serum levels were found to vary markedly. In one instance the serum level was seven times that obtained for one of the other products.

Several of the patients were noted to have low serum levels of the drug even though they received as much as 1.0 mg daily. The clinicians recommended that evidence of biologic equivalency of digoxin products should be required in addition to chemical equivalence.

This clinical report has prompted a natural and reasonable response by the FDA — tests will be run on some digoxin products for biologic equivalence.

However, other responses from the FDA have not been so rational. One response is that, while there is need to inquire into bioavailability, the across-the-board requirement of biologic equivalence in drugs is too knotty for immediate official action.

Another response is the FDA announcement that chemical analyses have shown some batches of digoxin which showed variations of from 60% to 200% of the declared amount of the active ingredient.

Another FDA response is the statement that biologic equivalence is considered by some to be a minor problem, by others a major consideration, and that FDA just does not presume to have the final answers.

There is also the quotation that one FDA official asks "At what point do you stop applying the principle of principle on the bonds when due. In This seems a rather useless worry when it is considered that FDA hasn't even started applying the principle as yet. Someone should tell FDA that digitalis preparations would be a good place to start.

For a drug for which the proper therapeutic serum level is narrow and is balanced between a practically ineffective level when too low or a toxic effect when too high, and where individual patient tolerances, and the effects of concomitant medication introduce significant variables, it is folly to work with a formulation entirely bereft of either chemical or biologic equivalence, and even worse without both.

The FDA has been so busy eliminating time-tested and clinically valuable pharmaceuticals from the market that it has neglected to require that potent drugs like digitalis be manufactured in reliable form.

ERs Are for Emergencies

THE growing utilization of hospital emergency room services threatens to overload the facility to the point that it cannot perform its primary function.

For perfectly valid humanitarian, practical and legal reasons, all general hospitals voluntarily provide or are obliged to provide space, equipment and staff to care for emergency cases.

Since the concept of an emergency situation varies enormously, especially among the patients, emergency rooms become the repository for everything in the book, only a small part of which is truly emergency in nature.

However, each patient regards his own case as some type of an emergency and, by the time the doctor has spent enough time and laboratory tests to establish that it is not, it requires but a little more time to apply non-emergency care or treatment and no one is turned away.

The popularity of emergency facilities is understandable. The ER's are open 24 hours every day and with the American population, or at least a great part of it on the move practically day and night, no one is surprised if his personal doctor's office is not open in the middle of the swing shift—and there is no resentment over this fact—the hospital is open and will serve.

Medicare and Medicaid have contributed to the flood of patients. The poor and underprivileged used to be cared for at hospital daytime clinics. Now, they are assured that they will receive care as private patients, with free choice of doctors. If they cannot find a private doctor, the emergency room gets the business.

All of which would not be so bad if enlarging emergency rooms services would provide a good type of care for the non-emergency patients. The fact is that ERs don't and can't.

A facility which is well equipped and staffed for true emergency work provides primary medical care in an awkward manner and at exorbitant expense. It tends to dispense spot-care and spot-treatment and ignores follow-up and continuing treatment. Its ministrations tend to be impersonal, which is all right in emergencies but not good in conventional continuing medical care.

What we need is more round-the-clock private doctors' offices or medical centers, staffed so that no one works all day and all night, and equipped for good standard non-emergency medical care.

Go Slow with HMOs

THE use of the term "health maintenance organization" to describe a system of total health care is misleading.

There is no evidence to indicate that good health depends to more than a slight degree on good health service.

Dr. Otto Page, president of the American Society of Internal Medicine, deplores the unfortunate implication and insists that, except for immunization, maintaining a state of health is much more dependent "upon heredity, ecology and personal health habits than it is on providing personal preventive medical services."

Dr. Page points out that prepaid total medical care plans obtain cost control by decreasing utilization and not by maintaining health.

He further states that applying the Kaiser-Permanente experience with a relatively low-risk and low-demand population to the U.S. as a whole "is fraught with the possibility of severe miscalculation."

Dr. Page recommends that the experience of the Harvard community health plan which projects a two-year operating deficit of $2 million should, at the very least, signal a go-slow approach to the universal application of the capitation system.

IMPAC to Have Hands Full

THIS is the big year with the national health insurance debate to be settled. No issue in Congress has been of more concern to physicians than the well directed and insidious movement toward socialized medicine. IMPAC and our own Legislative Commission will have their hands full and will need all the support that can be mustered.

Medical News Report reports as follows:

"Many Washington observers predict debate on national health insurance eventually will polarize around Administration's proposal and a bill introduced by Sen. Edward M. Kennedy, D-Mass.

"Latest report is that Rep. Wilbur Mills, D-Ark., chairman of the House Ways and Means Committee, is leaning toward the Administration bill, but he's still interested in legislation covering catastrophic illness and 'kiddiecare.' Latter was proposed by Wilbur Cohen, Medicare architect.

"Some see national health insurance becoming one of the most controversial and politically potent issues of the '72 Presidential election campaign.

"Confrontation in the political arena will pit AMA and health insurance industry against organized labor.

"United Auto Workers, which pulled out of AFL-CIO three years ago, has joined federation on this issue. National health insurance has been given top priority by UAW and union is gearing up for head-on legislative and political battle with Administration. UAW will rely on strength of some 1.3 million members in 50 states. Membership is down from about 1.5 million two years ago and union is suffering from $22.5 million deficit, brought about by G. M. strike and dues lost because of layoffs resulting from economic downturn.

"Last January UAW hired John Beidler, who worked several years as AFL-CIO lobbyist, as $25,000-a-year legislative director. He knows his way around in Washington. UAW distributed some $380,000 to 200 candidates for congressional seats in 1970.

"UAW is one of main forces in carefully coordinated campaign to push Kennedy Bill. Strategy will include contacting leading lawmakers, financing national speaking campaign, generating letters to Congress and encouraging discussion of issue at grassroots level."

Now is the time for all good men to come to the aid of IMPAC. Dues paying time is here.

Joint Annual Meeting Planned

THE Illinois State Medical Society, this year, for the first time, is holding its annual meeting in conjunction with the Chicago Medical Society and its great clinical program.

For years the annual mid-winter Clinical Conference of the Chicago Medical Society has been one of the biggest and best clinical meetings in the mid-west.

The state society will be in charge of all the elements of its own annual meeting excepting the scientific program, and the Chicago Medical Society, with the active participation of 18 specialty societies, will be in charge of the scientific presentation. Each of the specialty societies will be responsible for planning and promotion of specific segments of the program.

The entire meeting was planned by a joint management committee. The cooperative efforts of the specialty societies contributed a comprehensiveness to the program which is expected to attract a record-breaking attendance.

Guest Editorials

FDA Proposes Box-Labeling Regulation

THE U.S. Food and Drug Administration has proposed one new regulation and finalized another, both of which will have an impact on the physician in his daily practice.

The first regulation, published as a proposal in mid-October and expected to be finalized soon, will require advertisements for prescription drugs that appear in medical journals, the package insert, and all other product labeling to include special information where the FDA has raised doubts as to effectiveness.

This so-called "box-labeling" (named because the data will be enclosed in a special box) could be confusing unless the practitioner is thoroughly informed about past events related to the FDA's drug effectiveness review.

In 1962, Congress passed amendments to the Food, Drug and Cosmetic Act requiring all new medicines to demonstrate "substantial evidence" of effectiveness. For years, technically only safety had to be shown to bring a new product to market, although in practice New Drug Applications involving potent drugs, serious disease conditions, and products that could mask symptoms always had to show effectiveness as well as safety. The new law also required the FDA to review the effectiveness of hundreds of pre-1962 prescription drugs.

With the cooperation of the industry, FDA turned to the National Academy of Sciences-National Research Council for assistance. Panels of six members each, drawn largely from the universities and teaching hospitals, were named to evaluate medicines in 30 therapeutic categories.

The panels examined published information and relied to a considerable extent on their own experience and that of their associates. They reported back to the FDA as to whether they considered drugs to be "effective," "probably effective," "possibly effective" or "ineffective" in relation to more than 10,000 therapeutic claims.

Since the experts had difficulty classifying many products with any degree of scientific finality, many of the findings were imprecise, hedged, or qualified to encompass differences in opinion. Two new categories were created—"effective, but" and "ineffective as a fixed combination"—to categorize products that were, respectively, held to be effective medicines but needing some labeling changes, or medicines that were combined in fixed ratios that panelists believed constituted "irrational" therapy. The latter classification was based on the philosophical contention that drugs, while they may be fully effective, should be individually titrated rather than combined in fixed dosages.

In many cases, pharmaceutical firms accepted the subsequent edict of the FDA that generally, but not always, reflected the recommendations of the NAS-NRC panels. Some products were voluntarily removed from the market. In other cases, the drug firms differed with the government's findings, and they set about developing new proofs of effectiveness or contested the FDA's action in other ways.

Many of the controversies about individual drugs remain unresolved and the affected products remain on the market and available for prescription. Some of them are long-established, widely used medications.

It is this category of medicines to which the box labeling would apply. The new FDA regulations propose notifying the doctor that there is a difference in viewpoint about a given medication, specifically that the NAS-NRC, or in some cases the FDA acting on its own, regards the product to be something less than effective for certain stated indications based on available evidence.

There many legal, professional, and patient-related implications in the FDA action.—Pharmaceutical Manufacturers Ass'n, Washington, D.C. 20005.

Medical Costs

ACTION of the price commission in limiting hospital and doctor's fees may at first glance meet with pleased approval by patients. The little known truth is that hospital costs are fixed and have been fixed by at least three controllers during the gradual socialization of the medical care profession.

The result, unfortunately, has been an increase in costs instead of the decrease intended, which is so often the case when socialism replaces free enterprise and competition.

Few people realize that hospital bills and actual costs are already

critically examined and audited by Blue Cross. No hospital can raise its room rates without permission of the state Blue Cross board. Hospital bills and operating costs are critically examined by Medicare as the government moves into the geriatric scene. This has caused hospitals in self defense to hire expensive cost-accounting consultants to prove their bills to Medicare. The added cost, of course, is passed on to the patient. Then bonding companies who buy hosital bonds have a finger in setting room rates and charges, in order that they be sufficient to pay interest and principal on the bonds when due. In actual fact, hospitals have little or no control over their own prices and are examined, audited and checked by multiple agencies. Now the price commission!

One cause of higher and higher hospital and nursing home costs is unreasonable bureaucratic requirements by the State Board of Health. New regulations are issued so fast and so numerous that a hospital started today would be obsolete under state rules by the time it was built!

Of perhaps greater interest to the elderly is State Board of Health meddling in nursing home affairs. New regulation follows new regulation, until nursing home care must almost meet the standards set for hospitals. Setting such requirements is sterile theory in its purest form, but most impractical in actual result, pricing nursing home care out of the reach of most of the elderly. There are bad and dangerous nursing homes in the state. The state would do well to bend every effort to close these and stop harassing well-kept, clean, respectable nursing homes. A nursing home so heavily regulated the elderly cannot afford it, serves not at all.

Now the price commission has moved into the field of physicians' fees, their first taste of the creeping socialism that has overtaken hospitals and nursing homes to the detriment of the patient. The patient may at first glance take vicarious pleasure in this one also, but he should not. It is just another stepping stone to complete socialized medicine which has been a sorry experiment in England.

Ralph Waldo Emerson put it all in a capsule when he said: "The less government we have, the better — the fewer laws, and the less confided power!"—*Warsaw Times Union*, Dec. 30, 1971.

Editorial Notes...

Heroin antagonist research is progressing. Winthrop has found that L-cyclazocine is effective. This is in contrast to racemic cyclazocine which had been used previously without proper effect. Endo Laboratories, Bristol Laboratories and Ciba-Geigy each have a new compound well tested on animals and either in human testing or about to be. One firm, which wishes to remain anonymous, reports a compound which, when given to monkeys and then discontinued, induces a revulsion to morphine.

Drug manufacturers will occupy a unique position under the new price controls. Phase II limits the nonwage expenses of hospitals to a 2.5% increase annually. Insofar as this applies to drugs there may be no problem. The 2.5% seems small when compared to price increases for all other items during recent years. However, manufacturers' drug prices in 1970 increased by only 0.9%. Drug prices have either decreased or have increased by small amounts for many years. The 2.5% limitation will probably prove to be ample and even unnecessary.

Prostaglandins, a family of fatty acids which occur naturally in the body, may prove to be useful in the study of arthritis and other inflammatory diseases. Some prostaglandins produce anti-inflammatory effects, others produce inflammation. Researchers at The Upjohn Company are interested in finding inhibitors which will regulate these changes. Prostaglandins have been nominated for use in contraception, therapeutic abortion, control of blood pressure and many other conditions.

Dr. Phillip Gold has shown that colon carcinomas contain carcinoembryonic antigen (CEA). The University of Tennessee is working on a test for early detection of colonic cancer. CEA in purified form may be injected into a rabbit. Six weeks later antiserum CEA is extracted from the rabbit's blood. If a patient's blood, together with human red blood cells which have been combined with the original CEA, and the antiserum are mixed, the blood will clump, in which case the patient does not have a cancer of the intestinal tract, or it will not clump, in which case a tumor is developing. All known and proven tumors tested so far have given a positive test. There have been a few false positives. The test, called hemagglutination inhibition assay, is used for other purposes. The investigators feel confident that it can be modified and made accurate for this purpose.

A metallurgist and an orthopedic surgeon in Wisconsin are testing a bone replacement device which is made of very porous and flexible metal. Bone cells will grow into the porous metal graft. Its flexibility improves its reaction to stress. An artificial hip joint of this new material is being tested in a dog.

The Hoosier Anamilo Club is a service organization composed entirely of laryngectomees. The club has been so active and so practical in its function that its members have attained the ability for artificial speech and are able to return to previous jobs. Esophageal speech is one method by which they achieve verbal communication. The name is derived from the Greek "We speak again."

Guest Editorial

What Health Crisis?

By HARRY SCHWARTZ

CHAIRMAN Wilbur Mills of the House Ways and Means Committee will open hearings tomorrow on the many and varied plans on Capitol Hill for modifying or revolutionizing this country's medical care system. Mr. Mills' power is such that his conclusions could greatly influence the future of American medicine.

By coincidence, shortly before Representative Mills announced his hearings, the Department of Health, Education, and Welfare issued what is in effect the closest thing this country has to an annual report on the health of the American people. The data in this document should help ease the fears of those who believe the United States is in a "health care crisis" requiring radical remedies.

These statistics suggest that the American people as a whole may well have enjoyed the best health in their history last year. And preliminary data now available for the first seven months of this year indicate that the picture in 1971 may be even better.

The key barometer Washington has just published is the average life expectancy of an infant born in 1970. That was 70.8 years, the highest such figure ever registered in this country. And last year's record wasn't merely a flash in the pan. Just since 1963, the trend toward greater life expectancy for Americans has added almost an entire year to the life span a newborn American baby can expect.

The life-expectancy measure takes into account the increasing years of life becoming available to Americans at all age brackets. But the news is particularly good for the very youngest Americans, because the nation's infant mortality rate has recently been in an extremely sharp downtrend. Thousands of American babies —both white and non-white—survived last year who would have died without this progress. And the indication is that an even better infant survival record is being rolled up this year.

Originally published on the editorial page of *The New York Times* on October 18, 1971. Reproduced here by special permission of *The New York Times*. Mr. Schwartz is a member of the editorial board of *The Times*. His writings on America's health problems have been characterized by a deep insight and understanding of medical practice and health maintenance. His article "Health Care in America: A Heretical Diagnosis" was published in the *Saturday Review of Literature* for August 14, 1971. Mr. Schwartz is planning to publish a book on the subject in the near future.

It is remarkable that so little attention has been paid to the extraordinary medical success story represented by the plunge in this country's infant mortality rate since 1965. More progress has been made in reducing the deaths of American babies since 1965 than in the previous fifteen years.

In 1950, 29.2 American babies out of every 1,000 born died before reaching the age of one year. Until 1965, progress in this area was made at a snail's pace, and the 1965 rate, 24.2 deaths per thousand live births, was only 15% less than the 1950 figure. Then came the amazing improvement in the late 1960's which brought the 1970 infant mortality rate down to below 20 deaths per thousand births for the first time in American history, a more than 20% drop in a half decade.

We need to know more than is now known about how this astonishing feat was accomplished. And we need to know more, as well, about the reasons for the gross discrepancies among different states in this country. Why, for example, did North Dakota lose only 14.1 babies out of every thousand born last year while the figure for Mississippi was exactly twice as great? One can guess, perhaps, at some of the factors in Mississippi's poor record, but one would hardly have expected rural North Dakota to be leading the nation.

There are, of course, political overtones in these not-so-dry statistics. The present conventional wisdom in Washington—shared by personalities as different as President Nixon and Senator Edward Kennedy—holds that this nation is now undergoing a major crisis which requires drastic action to shake up and revise the country's entire medical system.

The latest statistics obviously challenge this conclusion. If Americans are living longer than ever, if fewer babies are dying than ever before, then is there really imperative reason to go in for revolutionary, quick changes? Perhaps there are strengths as well as weaknesses in the existing structure, and caution is advisable lest the existing strength be damaged in any sudden and far-reaching changes which would bring at least short-run confusion and chaos.

Unfortunately, this kind of thinking does not appeal to ambitious politicians anxious to win votes. They know that the way to make headlines and to win popularity is to paint matters in stark black and white,

and to claim that one has magic answers that will produce miraculous results.

One may suspect, therefore, that the latest statistics showing consistent and important gains in the nation's health are likely to be greeted with less than maximum enthusiasm by some politicians who have claimed to be most concerned with the nation's physical well-being. What they need are statistics that show how terrible things are, not data that show reality to be better than ever.

But of course politicians in all countries know that statistics are flexible things. If the raw data are unsatisfactory, one can always find a statistician ingenious enough to put them through some kind of processing that will come up with figures that support whatever case one wants to make. Nevertheless, the raw data—the facts—remain, and they are stubborn. Those facts show that steady progress is being made in meeting the nation's health needs. Those facts imply there is time for evolutionary changes to meet existing problems, rather than an imperative need for hasty revolutionary change. © 1971, The New York Times Publishing Company.

Editorial Notes . .

A study of gastric ulcer in patients in 16 of the VA hospitals was recently reported by Armand Littman, M.D., of the Hines, Ill., hospital. Of 638 patients who had ulcers which were judged by x-ray examination to be "not malignant," 25 were later found to be cancerous when the ulcers did not heal. Location of the ulcer in the stomach and the age of the patient had no apparent relation to the likelihood of malignancy.

About 7000 high school-age young people filled assignments as volunteers in the Veteran Administration's 165 hospitals in 1971. One hundred eighteen of the hospitals have year-round programs for after school and week end duty. Health or hospital career exploration assignments are offered those who are interested. Special programs are offered in nursing, laboratory work, pharmacy, data processing, research, dentistry, personnel work, engineering and medical administration.

A large number of the major pharmaceutical firms are busy with research to discover an antagonist for heroin—so much so that some companies are handicapped by lack of money. Senator Claude Pepper wants the government to enter into contracts, with the companies (a) paying 10% of the cost, (b) repaying the government for its contribution if a successful drug is found, and (c) making their own profit after the Federal advance has been repaid.

An implantable artificial organ is being invented in California, according to the Upjohn Newsletter. University of Southern California scientists have devised a sensor which monitors blood sugar levels and is able to release insulin in proper amounts to correct imbalance. Insulin may be replenished by way of a subcutaneous tube. As soon as the device is miniaturized, it will be ready to go. The ideal size for the gadget, as contemplated, is for the sensor-computer to be lima bean size and the insulin reservoir to be about the size of a thimble.

The VA is preparing to test the feasibility of the Problem Oriented Medical Record system. Forty six of the 165 VA hospitals will be the testing units. The system of recording and retrieving medical information is that which was developed largely by Dr. Lawrence Weed at the University of Vermont. It has many advantages and is susceptible to incorporation into a computer system. The acronym PROMIS has been adopted for its identification.

Letters

January 6, 1972

Frederic W. Taylor, M.D.
3524 North Meridian Street
Indianapolis, Indiana

Dear Doctor Taylor:

Your recent article in *The Journal of the Indiana State Medical Association* regarding Medicare is extremely well done. I congratulate you for writing this article and for saying what needs to be said. It would be tremendously helpful if this article could be distributed to every Congressman and every insurance executive in this country. Again, let me say that was an excellent article.

Sincerely,
G. R. HAY, M.D.
Michigan City

To the editor:

Re: Influence of Smoking on Sexuality and Pregnancy.[1]

A brief summary of the above article: In cigarette smokers the libido in both women and men is adversely affected or reduced. Cigarette smokers are more neurotic: they get more divorces, marry more often. Pregnant female rabbits exposed to cigarette smoke had offspring 17% smaller than controls. Stillbirths occur 17 times more often in rats exposed to cigarette smoke. All fetuses in the exposed rats were "growth retarded."

In pregnant women who smoke cigarettes abortions occur 50% more often than in controls. Premature births of small stunted babies occur three times more often than in nonsmoking women. The average or mean birth weight of the babies of 12,000 women who were heavy smokers (2 packs a day) was 10 oz. less than the weight of babies born to nonsmoking women.

Yours very truly,
John R. Frank, M.D.
23 Lincolnway
Valparaiso, Indiana

[1]Alton Ochsner, M.D., New Orleans, La., in *Human Sexuality*, Nov. 1971, p. 78.

Eleventh District Meeting Considered "Best Ever"

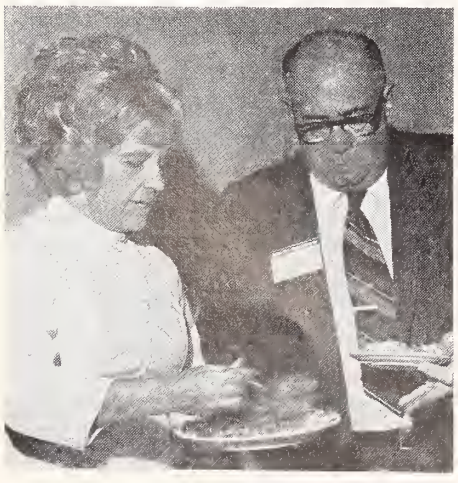
THEY are still talking about the large and enthusiastic meeting of the 11th District Medical Society at Peru last September. Like several other district societies, the 11th had had a recent series of small and uninspired gatherings. Despite adequate society financial reserves, the general idea had been to discontinue the annual meetings. That is, until a District committee and the ISMA fieldman planned a remedial program for reviving the old district medical spirit.

The plan called for adequate and widespread publicity beforehand. Several mailings and hospital bulletin board announcements, all of unusual and attention-getting pattern, were used long before the meeting date. Adequate financing was provided to ensure a top-notch speaking program, all on socio-economic topics. It was decided that, since there are more than an adequate number of scientific medical programs extant, the 11th District should specialize on subjects in other fields.

The results were encouraging, to say the least. When the 1971 meeting was compared with the 1970 meeting, 12 times as many members were counted at the business meting, eight times as many played golf, and there were more than five times as many doctors and guests who enjoyed the banquet.

One of the most interesting parts of the meeting was an unprogrammed and unrehearsed free discussion session in which ISMA officers participated.

The 11th District members thought enough of the meeting to raise their dues from nothing to $10 annually in order to support and duplicate and reduplicate their September 1971 wing-ding.



DR. Lowell Hillis, Logansport, 11th District Trustee, at the buffet table before the banquet.



THE after-dinner speaker, Dr. Edward R. Annis, president of the World Medical Association and a past president of the American Medical Association, found time to chat with the women who handled the registration.



Campbell's Soups... wide variety...for limited appetites

Many people lose interest in food as they grow older. Some of them are fussy eaters—with only a few favorite foods. Others become indifferent to foods—because planning and preparing meals becomes a chore. Here Campbell's Soups can help —for these four very good reasons:

Appeal With a variety of tastes, textures, aromas, and colors, Campbell's Soups can add interest and appetite appeal. And they're easy to eat—ingredients are tender, bite-size. Even patients on special diets will find soups they can enjoy among the more than 50 different varieties available.



Nourishment Campbell's Soups contain selected meats and sea foods, best garden vegetables—carefully processed to help retain their natural flavors and nutritive values.

Convenience Within 4 minutes a bowl of delicious soup is heated and ready to eat.

Economy Campbell's Soups are inexpensive—an important consideration to those whose budgets are limited.

Recommend Campbell's Soups . . . and, of course, enjoy them yourself. Remember, *there's a soup for almost every patient and diet . . . and for every meal.*

the 3 phases of Eve



All women are not equal in their endogenous hormonal output. And, while all oral contraceptives are fundamentally effective, they exhibit **differences in their activity levels and estrogen-progestogen ratios that affect different women differently**—in both short and long-term use. Some brands may be insufficient for the woman's needs or else may exceed them.

Searle offers a family of O.C. products that covers the range of women's needs to help you provide the right pill for the right woman at the right time.

References: **1.** Editorial: Oral Contraceptives: Which Pill for Which Patient? Patient Care 3:90-115 (Feb.) 1969 and 4:135-145 (June 15) 1970. **2.** Greenblatt, R. B.: Progestational Agents in Clinical Practice, Med. Sci. *18*:37-49 (May) 1967. **3.** Kistner, R. W: Gynecology: Principles and Practice, ed. 2, Chicago, Year Book Medical Publishers, 1971. **4.** Kistner, R. W: The Pill: Facts and Fallacies About Today's Oral Contraceptives, New York, Delacorte Press, 1968. **5.** Nelson, J. H.: Clinical Evaluation of Side Effects of Current Oral Contraceptives, J. Reprod. Med. 6:50-55 (Feb.) 1971. **6.** Orr, G. W: Oral Progestational Agents: Therapy and Complications, S. Dakota J. Med. *22*:11-17 (Jan.) 1969.

SEARLE

the Ovulen phase

Most women* with a **balanced hormone profile and normal menses** do best on a middle-of-the-road pill that is neither estrogen dominant nor strongly progestogen dominant.

(*Typical clues—normal body build and breasts, feminine appearance, healthy skin and hair. Vaginal cytology slide—balanced "pink and blue.")

Some women having problems on other O.C.s might do well on Ovulen.

Ovulen has a distinctive hormonal balance that combines moderate estrogenic activity with a slight progestogen dominance. It has an excellent record of patient acceptance.

Ovulen®

Each white tablet contains: ethynodiol diacetate 1 mg./mestranol 0.1 mg.

For brief summary of prescribing informati
see following page.



the Demulen phase

Many women* who secrete **more estrogen** than most do well on a pill with lower estrogen activity and an increased progestogen overbalance.

(*Typical clues—shorter, plumper, full-breasted, with glowing skin and no wrinkles. Vaginal cytology slide "pink.")

Some women with special conditions that may be aggravated by higher estrogen-activity products may do better on this ratio.

Demulen combines minimal estrogenic activity with a moderate ratio of progestogen overbalance. It is particularly well suited to the young when low-dose (activity) is preferred. Demulen offers little risk of the most potent progestogen side effects; early breakthrough bleeding is often transient.

Demulen®

Each white tablet contains: ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.
Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.
Both Ovulen and Demulen are available in 21- and 28-pill schedules.

the Enovid-E phase

Some women* who secrete **less estrogen** than mc do best on a pill with a moderate estrogen overbalance.

(*Typical clues—oily complexion, acne, hirsutisr masculinity, flat chest. Vaginal cytology slide—"blue.")

Patients with estrogen deficiency may show:

premenopausal syndrome
early-cycle bleeding
scanty menses
intermittent depressi
increased appetite
steady weight gain
vaginal candidiasis

Enovid-E not only provides increased estrogeni activity with low progestogen activity, but also contains the only progestogen that is not antiestrogenic. Therefore it offers less risk of high dose progestogen side effects.

Enovid-E®

Each tablet contains: norethynodrel 2.5 mg./mestranol 0.1 mg.

Oral contraceptives are complex medications and, after reference to the prescribing information, should be prescribed with discriminating care.

for the 3 phases of Eve:

a family of O.C. products

Ovulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./mestranol 0.1 mg.

Demulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.

Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen or Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen or Demulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen or Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral Contraception and Thrombo-Embolic Disease, J. Coll. Gen. Pract. *13*:267-279 (May) 1967. **2.** Inman, W. H. W., and Vessey, M. P.: Investigation of Deaths from Pulmonary, Coronary, and Cerebral Thrombosis and Embolism in Women of Child-Bearing Age, Brit. Med. J. *2*:193-199 (April 27) 1968. **3.** Vessey, M. P., and Doll, R.: Investigation of Relation Between Use of Oral Contraceptives and Thromboembolic Disease. A Further Report, Brit. Med. J. *2*:651-657 (June 14) 1969. **4.** Sartwell, P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thromboembolism and Oral Contraceptives: An Epidemiologic Case-Control Study, Amer. J. Epidem. *90*:365-380 (Nov.) 1969.

SEARLE Products of SEARLE & CO.
San Juan, Puerto Rico 00936

Enovid-E®

norethynodrel 2.5 mg./mestranol 0.1 mg.

Actions—Enovid-E acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Enovid-E depresses the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

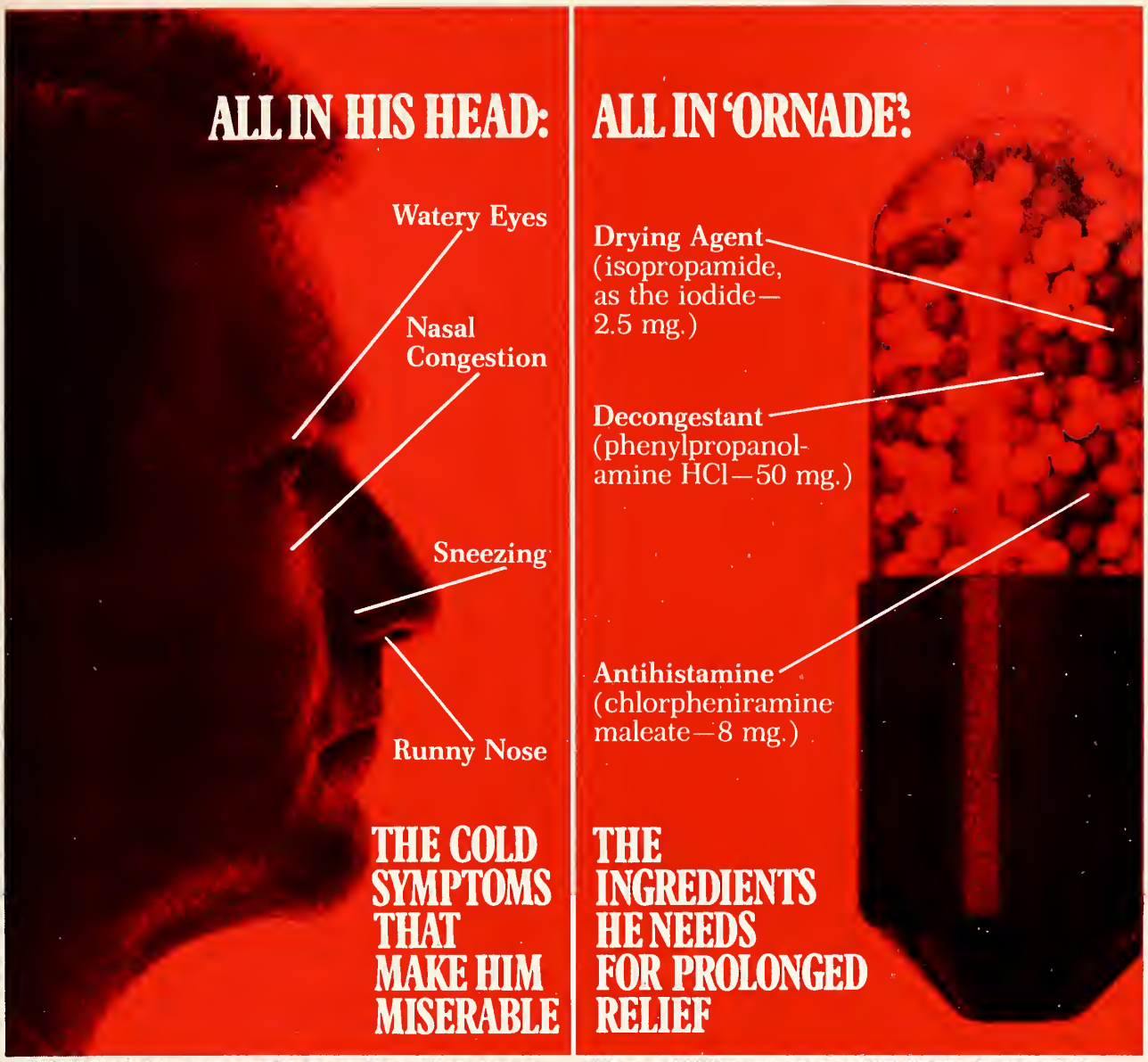
Indication—Enovid-E is indicated for oral contraception.

The *Special Note, Contraindications, Warnings, Precautions* and *Adverse Reactions* listed above for Ovulen and Demulen are applicable to Enovid-E and should be observed when prescribing Enovid-E.

SEARLE **Enovid-E®**

brand of norethynodrel with mestranol

Product of G. D. Searle & Co.
P.O. Box 5110, Chicago, Illinois 60680
Where "The Pill" Began



Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

Indications: Upper respiratory congestion and hypersecretion associated with: the common cold; acute and chronic sinusitis; vasomotor rhinitis; allergic rhinitis (hay fever, "rose fever," etc.).

Contraindications: Hypersensitivity to any component; concurrent MAO inhibitor therapy; severe hypertension; bronchial asthma; coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Children under 6.

Warnings: Advise vehicle or machine operators of possible drowsiness. Warn patients of possible additive effects with alcohol and other CNS depressants.

Usage in Pregnancy: In pregnancy, nursing mothers and women who might bear children, weigh potential benefits against hazards. Inhibition of lactation may occur.

Effect on PBI Determination and I^{131} Uptake: Isopropamide iodide may alter PBI test results and will suppress I^{131} uptake. Substitute thyroid tests unaffected by exogenous iodides.

Precautions: Use cautiously in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

Adverse Reactions: Drowsiness, excessive dryness of nose, throat or mouth; nervousness; or insomnia. Also, nausea, vomiting, epigastric distress, diarrhea, rash, dizziness, weakness, chest tightness, angina pain, abdominal pain, irritability, palpitation, headache, incoordination, tremor, dysuria, difficulty in urination, thrombocytopenia, leukopenia, convulsions, hypertension, hypotension, anorexia, constipation, visual disturbances, iodine toxicity (acne, parotitis).

Supplied: Bottles of 50 capsules.

SK&F *Smith Kline & French Laboratories*

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Donnagel®-PG

Donnagel with paregoric equivalent

℞ Available on oral prescription or without prescription under limited circumstances as modified by applicable state law.

Each 30 cc. contains: Kaolin, 6.0 g.; Pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Powdered opium, USP, 24.0 mg. (equivalent to paregoric 6 ml.) (Warning: may be habit forming); Sodium benzoate (preservative), 60.0 mg.; Alcohol, 5%. A.H. Robins Company, Richmond, Virginia 23220

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clear the tract!

The coughing season is here again. Time to rely on the four Robitussins and Cough Calmers to help clear the lower respiratory tract. All contain glyceryl guaiacolate, the efficient expectorant that works systemically to help increase the output of lower respiratory tract fluid. The enhanced flow of less viscid secretions soothes the tracheobronchial mucosa, promotes ciliary action, and makes thick, inspissated mucus less viscid and easier to raise. Available on your prescription or recommendation.

For coughs of colds and "flu"

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Each 5 cc. contains:

Glyceryl guaiacolate 100.0 mg.
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For unproductive allergic coughs

Robitussin A-C®

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Codeine phosphate 10.0 mg.
(warning: may be habit forming)
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Non-narcotic for 6-8 hr. cough control

Robitussin-DM®

Each 5 cc. contains:

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Clears sinuses and nasal stuffiness as it relieves cough

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Robitussin® extra benefit chart	Cough Suppressant	Antihistamine	Long-Acting (6-8 hours)	Nasal, Sinus Decongestant	Non-Narcotic
ROBITUSSIN®					●
ROBITUSSIN A-C®	●	●			
ROBITUSSIN-DM®	●		●		●
ROBITUSSIN-PE®				●	●
COUGH CALMERS®	AHR		AHR		AHR

A. H. Robins Company,
Richmond, Virginia 23220

A·H·ROBINS

ISMA Delegates Active at AMA Clinical Session

FOUR resolutions were introduced by the Indiana delegation to the House of Delegates of the American Medical Association at the 25th Clinical Convention of the AMA, November 28 through December 1, in New Orleans.

Included were a memorial resolution to Eli S. (Jack) Jones, M.D., vice president of the AMA in 1966-1967 and active in the affairs of the Indiana State Medical Association for many years; a resolution on restrictive covenants in contract clauses between groups or individual physicians; and resolutions on health manpower and emergency medical services.

The House stood in silent remembrance of Doctor Jones who, as the resolution stated, dedicated his entire life to his fellow men through activities on behalf of "his community, his profession and his nation."

The House rejected the restrictive covenant resolution which asked that the AMA oppose, as a matter of policy, such covenants.

The House reaffirmed the AMA Judicial Council opinion which states, "There is no ethical proscription against suggesting or entering into a reasonable agreement not to practice within a certain area for a certain time."

However, the House urged the Council to "review this opinion in light of current legal, ethical, socio-economic and professional developments within the practice of medicine."

Indiana resolution number nine on health manpower was referred to the Council on Health Manpower of the Board of Trustees with the request that a report on the issues involved be made to the House of Delegates at the annual convention in 1972.

The Indiana resolution asked that the AMA "intercede with the appropriate department of government to secure release of a physician from his medical military obligation in exchange for the time he voluntarily practices in (a) needy community."

The resolution on emergency medical services stated that since the "provision of emergency medical services in all areas of the country is a vital part of the medical care delivery system," medical societies be urged to establish committees on emergency medical services and that they be charged with responsibility for developing action programs in emergency medical services. The resolution was adopted.

Attending the meeting to participate in the meetings of the House, the reference committee meetings and the caucuses of the delegation was a full contingent of ISMA delegates.

Eugene F. Senseny, M.D., Fort Wayne, chaired the delegation and also served in the important capacity of chairman of the reference committee on Constitution and Bylaws.

Delegates who attended were Jack E. Shields, M.D., Brownstown; John S. Farquhar, Jr., M.D., Fort Wayne; James A. Harshman, M.D., Kokomo; and Frank H. Green, M.D., Rushville.

Alternate delegates attending included Patrick J. V. Corcoran, M.D., Evansville; Thomas C. Tyrrell, M.D., Hammond; A. Alan Fischer, M.D., Indianapolis; Eugene S. Rifner, M.D., Van Buren; and Kenneth O. Neumann, M.D., Lafayette.

Also meeting with the delegation at the morning breakfast sessions and caucuses were Sprague H. Gardiner, M.D., Indianapolis, delegate from the AMA section on obstetrics and gynecology; Lall G. Montgomery, M.D., delegate, section on pathology and physiology, and Myron H. Nourse, M.D., Indianapolis, delegate, section on urology.

Other leaders of the ISMA official family present for the meeting were Peter R. Petrich, M.D., Attica, president; James H. Gosman, M.D., Indianapolis, president-elect; and Joe Dukes, M.D., Dugger, chairman of the Board of Trustees.

Donald E. Wood, M.D., Indianapolis, member of the Board of Trustees of the AMA, also met with the delegation, as did Guy A. Owsley, M.D., Hartford City, chairman of the AMA Council on Medical Service.

Many Indiana and former Indiana physicians visited the Indiana hospitality suite, which was open for three evenings from 5 to 7 p.m.

Other actions which were taken by the House of Delegates included creation of a special section for medical students and one for interns and residents; ordering open hearings at the two 1972 conventions to explore questions relating to AMA organizational structure and programs, questions raised by AMA President Wesley W. Hall last June in Atlantic City and again in New Orleans; approving a vote on the Board of Trustees for the AMA vice president; approving participation of non-members of the AMA in AMA scientific programs; and directing that the AMA lead in developing a national program for certification of the assistant to the primary care physician.

The House met for a total of 9 hours and 42 minutes. It acted on two special reports; 20 reports from the Board of Trustees; 8 from the Council on Medical Education; 4 from the Council on Medical Service;

2 from the Council on Constitution and Bylaws, and 1 each from the Judicial Council and Council on Long-Range Planning and Development, plus 72 resolutions.

Medical Students

No less than five items of business—Report I of the Board of Trustees and four resolutions—concerned this subject, reflecting the intensity of interest. These items were studied by a reference committee and a substitute resolution was offered in lieu of all of them—referring the matter to the Board for study of mechanisms to include students in the organizational structure.

But the House rejected the move. It adopted instead an amended resolution on motion of the California delegation. This measure approved "creation of a special section for medical students and a section for interns and residents." It directed that the Council on Constitution and By-Laws "develop appropriate language to accomplish this purpose," working with representatives of the Student American Medical Association and representatives of the interns and residents. The long-heard appeal of students and younger physicians for a voting voice in the AMA was thus answered.

President's Address

AMA President Wesley W. Hall, saying, "our House of Medicine is sorely in need of some major repairs," repeated his call for a Constitutional Convention, or other appropriate procedure, for a basic review of organizational structure and programs. He first suggested such a convention upon his inauguration last June.

Dr. Hall said that since that time he had traveled throughout the nation and heard from physicians "hundreds of unsolicited views on medicine in general, on problems they are encountering in their practice and on our stewardship of the AMA.

"Frankly, I am troubled and disturbed by what I see and hear," Dr. Hall told the House, "and I am more convinced than ever that we need a basic review of our Association's organizational structure."

Vice President

There was overwhelming support for Resolution 55, to give the vice president of the AMA voting privileges on the Board of Trustees, and the measure was quickly adopted by the House. Presently, the vice president attends Board meetings, with the right of discussion but no vote. The action would increase the size of the Board from 15 to 16 members.

Non-Member Participation

The House amended the Bylaws to permit those physicians who are not members of the AMA to participate in AMA scientific programs as "invited guests." The recommendation came from the Board of Trustees, which said the programs should be available to all members of the profession. The Board report said "non-member physicians, eminent persons from foreign countries, and residents of the United States who are not engaged in the practice of medicine" may be invited to participate.

Dues for Interns and Residents

The House established annual dues of $20 for interns and residents as members of the AMA. The amount was calculated "solely to cover some of the costs of the benefits of membership," such as receiving AMA publications. Interns and residents currently may join the AMA in two ways: Through active membership in a state association or, where there are no provisions for such membership, by direct application to the AMA. In either case, they must pay the $20 AMA dues.

Physicians' Assistants

Several major actions were taken in regard to the rapidly developing field of physicians' assistants.

The House directed that the AMA, through its Council on Health Manpower, "assume a leadership role in developing and sponsoring a national program for certification of the assistant to the primary care physician, who functions at the highest level of responsibility described by the National Academy of Sciences as a 'Type A' assistant."

Delegates also adopted a report of the Council on Medical Education, outlining essential requirements for AMA approval of educational programs for such assistants. The essentials were developed in collaboration with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Society of Internal Medicine.

Essentials of an approved educational program for urologic physicians' assistants, outlined in another Council report, went back to the Council for further study.

The House directed the Board of Trustees to develop guidelines on compensation of physicians for the services of their assistants, and to report back to the House next June.

Hospital Costs-Education Factors

The rising costs of hospital care, and those cost factors attributable to hospital-based education programs, also drew House attention and action. Delegates adopted a resolution which reiterated AMA concern about increasing costs and pledged AMA efforts to achieve cost control, and added:

"Resolved, that the Board of Trustees be urged to assign to appropriate councils and committees the responsibility to conduct a detailed study of the costs of hospital services to identify (1) the multiple factors involved; (2) the elements that have the greatest impact on the rise in hospital costs; (3) the various cost factors attributable to hospital-based medical and allied health education programs; (4) the alternative mechanisms to finance the costs of such

educational programs, including the possibility of reducing or eliminating charges to patients that are attributable to such programs; (5) the degree of impact, if any, that federally funded health programs have on these hospital costs.

The resolution called for the study to be conducted in consultation with the American Hospital Association, private and governmental payment agencies, and representatives of the public. Periodic progress reports, to be submitted at each session of the House of Delegates until completion of the study, also were requested.

Miscellaneous

Immediate action to improve the quality of emergency medical services in the United States was urged in a Board of Trustees report adopted by the House. The report said:

"Those medical societies that have not already done so are urged to establish councils on emergency medical services or to assign that subject area to an appropriate existing council, whose responsibility should include developing action-programs in emergency medical services to meet their area's needs and maintaining liaison with groups at all levels of organized medicine concerned with emergency medical services."

Small communities without necessary resources to develop their own systems "should consider linking together with surrounding communities to form a regional system." Skilled personnel and high quality equipment and facilities should be provided, the report said, and the medical profession should see to it that quality of service is periodically evaluated. The report also recommended a single agency at the federal level with responsibility for all governmental efforts to improve emergency medical services.

A revised statement on the scope, objectives and functions of occupational health programs also was adopted by the House. The statement, among other things, said "some employees on occasion may find it impossible to locate or to obtain the services of a personal physician or health service. In such circumstances, limited to where treatment is otherwise unavailable, the occupational physician may undertake additional and continuing treatment of an employee's nonoccupational condition if requested to do so by the employe or his family."

The statement added that if such services become ongoing within the occupational health program, approval of the employer should be obtained. "In order to assure high quality medical care, consideration and approval by the local medical society in developing such projects, including the methods of payment for services, is urged."

The House adopted a study on Community Health Delivery Programs and urged it be given wide distribution. The study, by a task force of the Committee on Community Health Care, described funding, scope of operations and staffing of 30 programs around the nation.

Physicians should be active, the report recommended, in a number of areas including: participating in planning and operation of community health programs; using all means at their disposal to ensure that all people are afforded equal access to adequate medical and health care; supporting campaigns against factors harmful to health such as lead poisoning, drug abuse and poor housing; and supporting health education programs in schools, homes and the mass media. The federal government should be urged to consolidate all federal health programs under one department and to provide long-range approval and multiple-year funding —rather than annual funding—to help retain top staff, the report said.

Awards

Milton Helpern, M.D., the noted chief medical examiner for New York City, was chosen by the House to receive the AMA Distinguished Service Award for 1972. It will be presented at the annual convention in June 1972, in San Francisco. Dr. Helpern, author of a book and numerous articles, is professor of pathology and chairman of the department of forensic medicine at New York University School of Medicine.

Mac F. Cahal, J. D., executive director of the American Academy of Family Practice for nearly a quarter of a century, received the Layman's Citation for Distinguished Service. Mr. Cahal, an attorney, retired last month from the Academy, now known as the American Academy of Family Physicians.

FUTURE MEETINGS, SEMINARS, COURSES

Thirty-Fifth Annual Meeting To Be Held at New Orleans

The New Orleans Graduate Medical Assembly will conduct its thirty-fifth annual meeting March 6 to 9. As usual, it will be in the Fairmont Roosevelt Hotel in New Orleans. The registration fee of $35 covers all activities. The program is acceptable for 22 prescribed hours and 8 elective hours by the American Academy of Family Physicians.

Florida GP Academy Sets Medical Refresher Course

A postgraduate medical refresher course will be conducted by the Florida Academy of General Practice and the Broward General Hospital on March 6 to 16 at Fort Lauderdale, Florida, at the Galt Ocean Mile Hotel. Thirty-two hours of credit is granted by the American Academy of Family Practice. The registration fee is $100. Write Mediclinics, 832 Central Medical Bldg., St. Paul, Minn. 55104.

Central Florida Meeting Scheduled

The 17th Annual Central Florida Medical Meeting will be held in the Contemporary Hotel, Walt Disney World, Orlando, on March 15 to 18. The program will cover the medical and surgical aspects of coronary artery disease, the medical and surgical aspects of thyroid and parathyroid abnormalities, and antibiotics and infectious diseases. The registration fee is $100, no fee for interns and residents. For full details write Edward J. Edwards, Executive Director, Orange County Medical Society, 800 N. Mills Ave., Orlando 32803.

Dr. Milton Elkin to Deliver Diagnostic Radiology Lectures

On Saturday and Sunday, April 22 and 23, Dr. Milton Elkin, director of radiology, Albert Einstein College of Medicine, New York City, will deliver the twenty-fourth annual Joseph and Samuel Freedman Lectures in Diagnostic Radiology at the University of Cincinnati College of Medicine. Physicians desiring to attend are requested to write Dr. Benjamin Felson, Department of Radiology, Cincinnati General Hospital, for further details.

Rheumatic Disease Symposium Set for New Louisville Health Science Center

The eighth Annual Rheumatic Disease Symposium will be held in Louisville on Thursday, April 27. It is sponsored by the University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation. The all-day conference will be in the Amphitheater of the new Health Science Medical Center, University of Louisville Medical Center. There is no registration fee. Further information and a copy of the program may be obtained by writing the Kentucky Arthritis Foundation, 1381 Bardstown Road, Louisville 40204.

College of Sports Medicine Sets Philadelphia Meeting

The American College of Sports Medicine will hold its Annual Meeting on May 1 to 3, in Philadelphia. For information write the Executive Secretary at 1440 Monroe St., Madison, Wis. 53706.

ACS Trauma Course May 10-13

A postgraduate course on Fractures and Other Trauma will be presented May 10-13, 1972, at the Sheraton-Chicago Hotel, Chicago, Illinois, by the Chicago Committee on Trauma of the American College of Surgeons. The faculty will consist of 32 scheduled speakers.

Registration can be accomplished by sending the fee of $125 to the American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611. For interns, residents, and allied health personnel, registration is $30. Covered in this fee is the Chairman's Reception and three luncheons. If registration is accomplished by February 15, 1972, a $10 reduction is allowed.

Seventh Cancer Conference Scheduled for September 27-29

The Seventh National Cancer Conference will be held September 27 to 29 at the Biltmore Hotel, Los Angeles. Sponsors are the American Cancer Society and the National Cancer Institute. All members of the medical and related professions are invited. There is no registration fee. Preregistration is requested. For copies of the program and other information write to Dr. Sidney L. Arje, 219 E. 42nd St., New York City 10017.

Vanderbilt Offers Individualized Clinical Training Programs

Vanderbilt University conducts a clinical training program which may be tailored to fit the requirements and time allotment of practicing physicians. Programs may be individualized and may last from one to four weeks. In June, July and August special arrangements are required. Only one or two participants are accepted by each department or division at one time. The registration fee is $50 per week. The experience includes contact with patients, discussion with clinical and academic faculty, conferences, ward rounds, learning individual procedures and observing new surgical techniques. Time and access to library facilities are available. Write to the Director of Continuing Education, 1100 Baker Bldg., 110 21st Avenue South, Nashville, Tenn. 37203.

Continuing Education for Physicians

POSTGRADUATE COURSES IN INDIANA

A series of courses under the Visiting Professorship Program has been announced by the Indiana University School of Medicine, Division of Postgraduate Medical Education. Primarily sponsored and set up by the Directors of Medical Education at the participating hospitals, lectures and short courses are included, as follows:

At Terre Haute

Union Hospital and St. Anthony's Hospital participating

Held on the Third Friday: 5:00 p.m., Case presentation; 6:30 p.m., Dinner; 7:30 p.m., Formal talk.

Feb. 18: Fever of Undetermined Origin,
Dr. Arthur White, Professor of Medicine, Division of Infectious Disease

March 17: Body Contouring,
Dr. Elvin Zook, Assistant Professor of Surgery

April 21: Diabetic Ketoacidosis,
Dr. Charles Clark, Assistant Professor of Medicine, Division of Endocrinology

May 19: Acute Pulmonary Embolus,
Dr. Richard Brashear, Associate Professor of Medicine, Division of Pulmonary Disease

At South Bend

Memorial Hospital
St. Joseph Hospital

Wednesday Meetings: 12:30 - 2:00 p.m.
No schedule ready for Spring 1972

At Lafayette

St. Elizabeth Hospital

8:30 a.m., Presentation; 9:00 a.m., Question-and-Answer Period

Feb. 23: Malabsorption Syndrome
Dr. James R. Meadows, Associate Professor of Medicine, Division of Gastroenterology

March 22: Principles of Physiotherapy in Rehabilitation,
Dr. James L. Babcock, Assistant Professor of Orthopaedic Surgery

April 26: Cardiac Disease of the Geriatric Patient
Dr. Pasquale D. Genovese, Professor of Medicine, Division of Cardiology

At Evansville

Welborn Memorial Hospital and Clinic of Evansville

10:30 a.m., Case presentation; 1:00 p.m., Formal presentation

February 1: Congenital Heart Disease-Diagnosis and Indications for Surgery
Dr. Donald A. Girod, Professor of Pediatrics

March 7: A New Operating Room Technique for Reducing Infections
Dr. Merrill Ritter, Assistant Professor of Orthopaedics

April 4: Induction of Ovulation with Clomiphene and Pergonal
Dr. Robert E. Cleary, Associate Professor of Ob-Gyn

May 2: Uses and Abuses of Steroids
Dr. Richard Dexter, Associate Professor of Medicine, Division of Endocrinology

St. Mary's Hospital

8:00 a.m., Formal presentation

February 16: Jaundice — Differential Diagnosis
Dr. Charles F. Johnson, Associate Professor of Medicine, Division of Gastroenterology

March 15: Chemotherapy for Gynecologic Cancer
Dr. Hans E. Geisler, Assistant Professor of Ob-Gyn

April 19: Subject to be related to Renal Transplantation
Dr. James A. Madura, Assistant Professor of Surgery

May 17: Status of Coronary Artery Surgery
Dr. Robert D. King, Professor of Surgery

June 21: Principles of Physiotherapy in Rehabilitation
Dr. James L. Babcock, Assistant Professor of Orthopaedic Surgery

At Bloomington

Bloomington Hospital

12:00, Lunch; 12:30, Presentation

February 2: Dealing with the Pill
Dr. Robert E. Cleary, Associate Professor of Ob-Gyn

February 9: ADH: Appropriate and Inappropriate
Dr. James Higgins, Associate Professor of Medicine

February 16: The Bladder as a Pump
Dr. David Beck, Department of Urology

February 23: Headaches
Dr. Mark Dyken, Professor of Neurology

March 1: Stereotaxic Surgery of the Brain
Dr. Robert Heimberger, Professor of Surgery

March 8: Pulmonary Edema Revisited
Dr. Roy H. Behnke, Department of Medicine V.A. Hospital

March 22: Dr. Thomas A. Hanna, Speedway

March 29: A Clinician's Path Through an Electrophysiological Swamp
Dr. Charles Fisch, Department of Medicine University Hospital

April 5: Coagulation and the Pill
Dr. Nils Bang, Department of Medicine MCGH — Lilly Clinic

April 12: Cor Pulmonale
Dr. Duke Baker, Department of Medicine MCGH

April 19:

April 26: Physical Diagnosis of the Urine
Dr. James Szwed, Department of Medicine

May 3: Dr. John F. Border, Muncie

At Bluffton

Caylor Nickel Clinic

Saturday mornings at 10:00 a.m.

February 12: Noninvasive evaluation of the Cardiovascular System
Dr. Harvey Feigenbaum, Professor of Medicine Division of Cardiology

April 8: Arrhythmias
Dr. Douglas P. Zipes, Assistant Professor of Medicine, Division of Cardiology

At Anderson

St. John's Hickey Memorial Hospital

February 8: Cardiac Bypass Surgery
Dr. Harris B. Shumacker, Jr., Professor of Surgery

March 14: Induction of Labor
Dr. Charles A. Hunter, Chairman and Professor of Ob-Gyn

At Fort Wayne

Lutheran Hospital and St. Joseph Hospital and Parkview Memorial Hospital participating

10:30 Patient presentation; Informal luncheon

Speaker's presentation

Parkview Hospital

February 4: Sensitivity Training Therapy
Dr. Ed Tyler, Professor of Psychiatry

St. Joseph's Hospital

March 1: Percutaneous Removal of Introvascular Foreign Bodies
Dr. Roscoe Miller, Professor of Radiology

April 5: Management and Diagnosis of the High Risk Infant
Dr. Ed. Gresham

May 3: Surgical Treatment of Ulcerative Colitis
Dr. John E. Jesseph

June 7: Recent Advances in Coronary Artery Surgery
Dr. Robert King, Associate Professor of Surgery

HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wasn't so long ago that congenitally handicapped children were allowed to reach school age or even later before being fitted with a prosthesis. In recent years, experience has shown that fitting at an earlier age produces more effective results—both mentally as well as physically. HANGER provides individually designed prostheses to give aid to the congenitally handicapped child. Children with "HANGER PROSTHESES" can live normal lives. Using their HANGER appliances they exercise freely, ride bicycles, roller skate, play basketball, tennis, and engage in most of the activities like other growing children. These activities enable the child to become self-reliant. Each HANGER prosthesis follows much the same design as those for the adult, but utilizes specially developed components of appropriate size, thus providing a smoother transition as the child grows into adulthood. HANGER also provides devices and techniques for the initial fitting of infants and problem cases. Training of children in the use of their prosthesis is highly desirable, even though children present some problems not seen in adults. Since the attention span of young children is short, extreme patience is required. Some handicaps make an ideal gait-pattern difficult if not virtually impossible to achieve. It should be noted that complete cooperation of the parent is necessary regardless of the experience and ability of the therapist. (Often the parents pass on a sense of guilt that is completely unfounded as there are no known preventive methods to combat the problem of a congenital handicap.)

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312 E. McMillan St., Cincinnati, Ohio 45219
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What's New?

Du Pont announces a new automated daylight system for handling x-ray films. It is said to solve a variety of the problems inherent in darkroom-oriented procedures. In the hospitals where it has been used it is reported that the system has speeded patient flow by 20%.

* * *

Eli Lilly announces a liquid suspension of Darvon-N™, propoxyphene napsylate, Lilly. This is a new dosage form for those patients who experience difficulty in swallowing. It is a bright yellow liquid with a lemon custard flavor. Darvon-N differs from Darvon® in that it permits the manufacture of liquid dosage forms and stable tablet formulations.

* * *

Technical Consulting Service has a new, low cost Electronic Stethoscope. It is designed to give maximum amplification at a minimum of distortion. It is powered by two mercury power cells for light weight and has a frequency selector switch and built-in volume control. It has a dual outlet for connection to a second set of binaurals, loudspeaker, ECG or tape recorder.

* * *

Smith Kline & French announce a simple, self-contained test physicians can use in their office to screen for gonorrhea. It is called "Clinicult." The result may be read in from 24 to 48 hours. In the case of positive results the culture should be sent to a laboratory for confirmation. In clinical trials the incidence of false-positive results was less than 5%.

* * *

Eaton Laboratories continues its physician-nursing-patient education program in regard to the use of Dopar® (levodopa, Eaton) in Parkinson's disease. The latest publication "Abnormal Movements in Parkinson's Disease and Syndrome" is the seventh in the series. Any or all of the educational pamphlets may be obtained by contacting an Eaton representative or by writing Eaton Laboratories at Norwich, N.Y. 13815.

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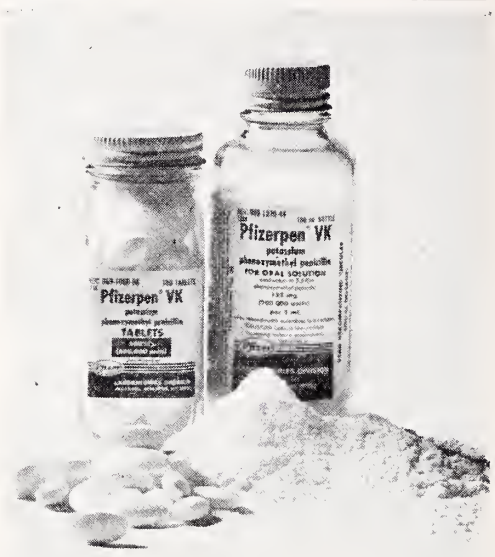
The Zenith Hearing Aid Sales Corporation has produced a long-playing record to be used as an educational tool to help those with normal hearing to understand those with hearing loss. Speech and other sounds are simulated electronically as they might be heard by persons with various types of hearing problems, with and without a hearing aid. The record is being advertised to the public in TV GUIDE and LIFE MAGAZINE. It may be obtained free of cost by applying to a Zenith Hearing Aid Dealer.

* * *

Eli Lilly is adding a 250 mg chewable tablet of Ilosone® to its line. The new strength is designed for older children. The 125 mg strength is to be continued.

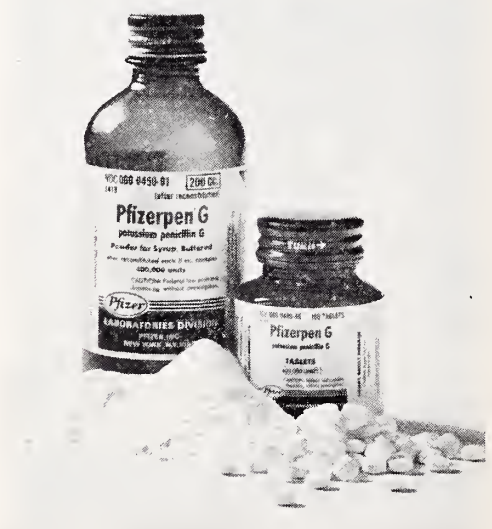
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Pfizerpen VK for Oral Solution
(potassium phenoxymethyl penicillin)
125 mg. (200,000 units)/5 cc.:
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250 mg. (400,000 units)/5 cc.:
bottles of 100 cc. and 150 cc.

Pfizerpen VK Tablets
(potassium phenoxymethyl penicillin)
250 mg. (400,000 units): bottles of 100.
500 mg. (800,000 units): bottles of 100.



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Pfizerpen G Powder for Syrup
(potassium penicillin G)
400,000 units/5 cc.:
bottles of 100 cc. and 200 cc.

Pfizerpen G Tablets
(potassium penicillin G)
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250,000 units: bottles of 100.
400,000 units: bottles of 100 and 1000,
and unit-dose pack of 100 (10 x 10's).
800,000 units: bottles of 100.

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G OR VK. JUST MAKE SURE IT'S PFIZERPEN.



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a profassar af law at Indiana University Indianapalis Law Schaal, specializing in taxatian, business associations and estate planning. Prafessar Jegen urges the reader to cansult the reader's lawyer before applying the data in this article to a particular fact situatian.

IT may surprise some of you to learn that knowledgeable "stockbrokers" can provide a variety of attractive tax-shelter investments *as late as the last few weeks of a taxable year.* These investments range from oil and gas exploration programs (with a 100% write-off against current year's income) to limited partnerships in rather conservative real estate syndicates (with a 20% tax deduction for the current year and another 15% in the following year). The latter, through the purchase of already existing properties, can be expected to achieve an immediate annual tax-sheltered return which is paid to the investor quarterly, plus capital gains from the sales of the properties, five to seven years after the purchase. Of course, the income from oil and gas exploration program is much less predictable. Between these two perimeters of risks there are such choices as participation in syndicates that purchase and operate mobile home parks. This latter option generally provides a 50% tax deduction for the first taxable year and a minimum of 9% cumulative tax-sheltered cash flow, each year thereafter, to the limited partners, before the general partners receive any return.

The details of these and other tax-sheltered investments vary greatly, which means that an investor should carefully study each investment before selecting one. Further, unless a tax-shelter is also an economically viable investment, aside from tax considerations, it should be avoided. This is where the help of an expert "stockbroker" is invaluable—and it would be to your advantage to investigate investment possibilities now, particularly if you anticipate paying a significant amount of income taxes for 1972.

The I.R.S. is currently holding that the "price-wage freeze" prevents professional persons from increasing their fees—except to offset increased costs, e.g., increased rent or staff pay raises.

When preparing 1971 federal income tax returns, remember that the Revenue Act of 1971 increased all personal exemptions to $675. Further, the exemptions for 1972 are $750 each.

Those of you who have been holding back on organizing professional corporations, because of the obvious "price-wage freeze" problems, will be happy to know that the Economic Stabilization Act Amendments of 1971 provide that employer contributions to exempt pension, profit sharing or annuity plans, are not (as a general rule) within the definition of the terms *wages* and *salaries* under such Act. Thus, there is going to be another surge in establishing such plans—both for existing and new corporations.

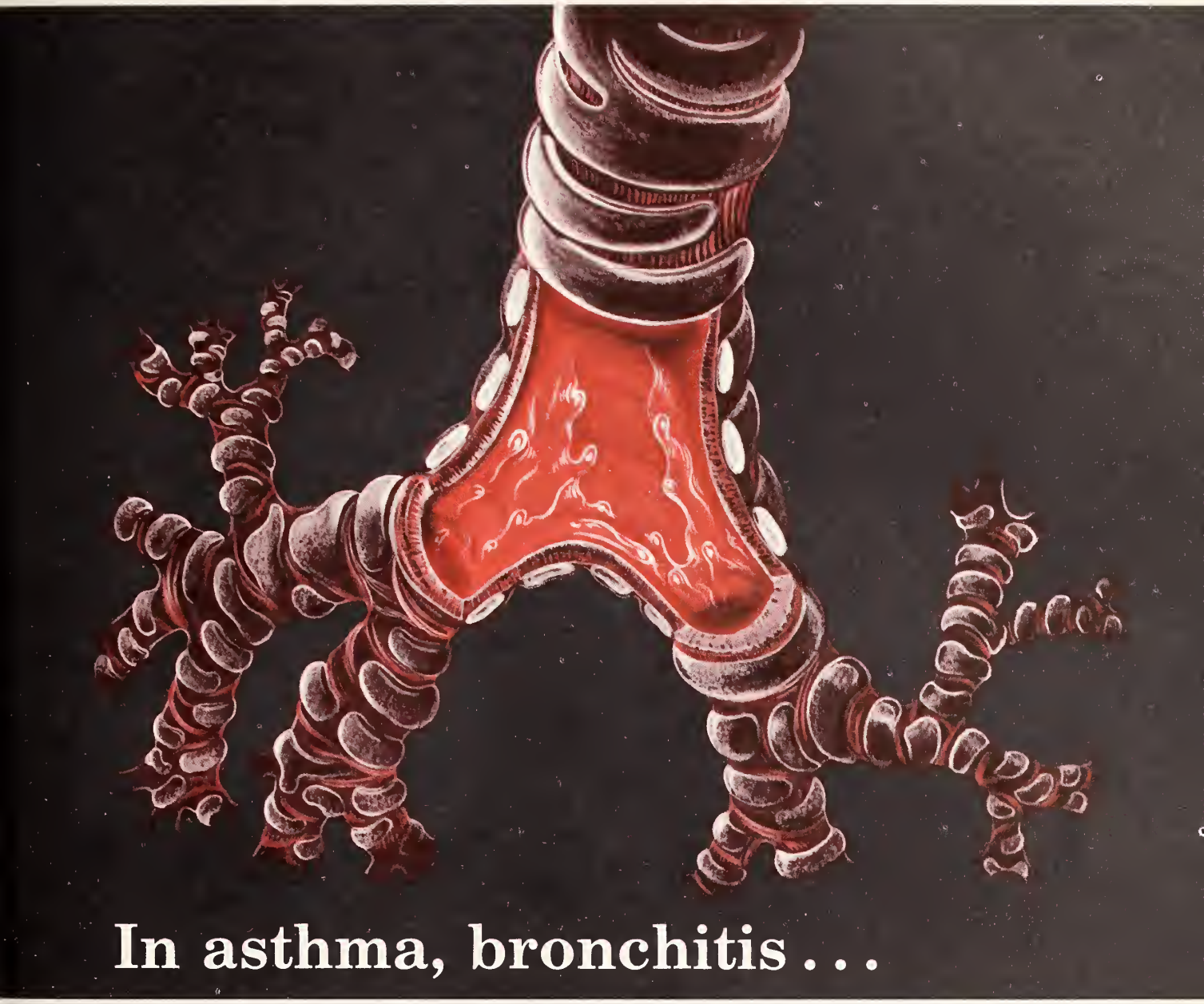
Recently, Congress enacted a procedural change for individuals that will even surprise tax men. That is, beginning with 1971 calendar year returns, and thereafter, *individuals* are entitled to automatic two-month extensions of time for filing their federal income tax returns. However, an individual who wants such an extension must estimate and pay any balance of his income tax (for the year that he wants the extension) at the time that he requests the extension. If the individual underpays any tax, then interest will run on such underpayment at 6%. Also, the late payment penalty will be imposed unless the failure to pay the deficiency is due to reasonable cause.

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"For the viscid sputum, potassium iodide (. . . preferable as enteric coated tablets) may be best."[2]

Provide tastefree, well-tolerated KI in convenient SLOSOL coated tablets–

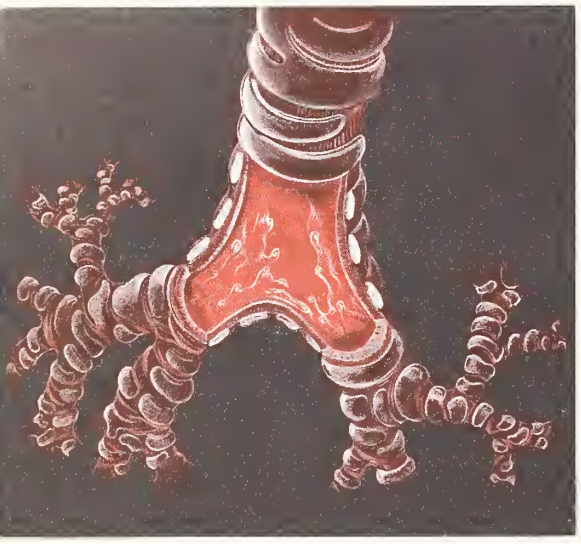
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please see next page for prescribing information–

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"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."[3]

"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INOICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY OISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. *ij* tabs. t.i.d. p.c.

References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.

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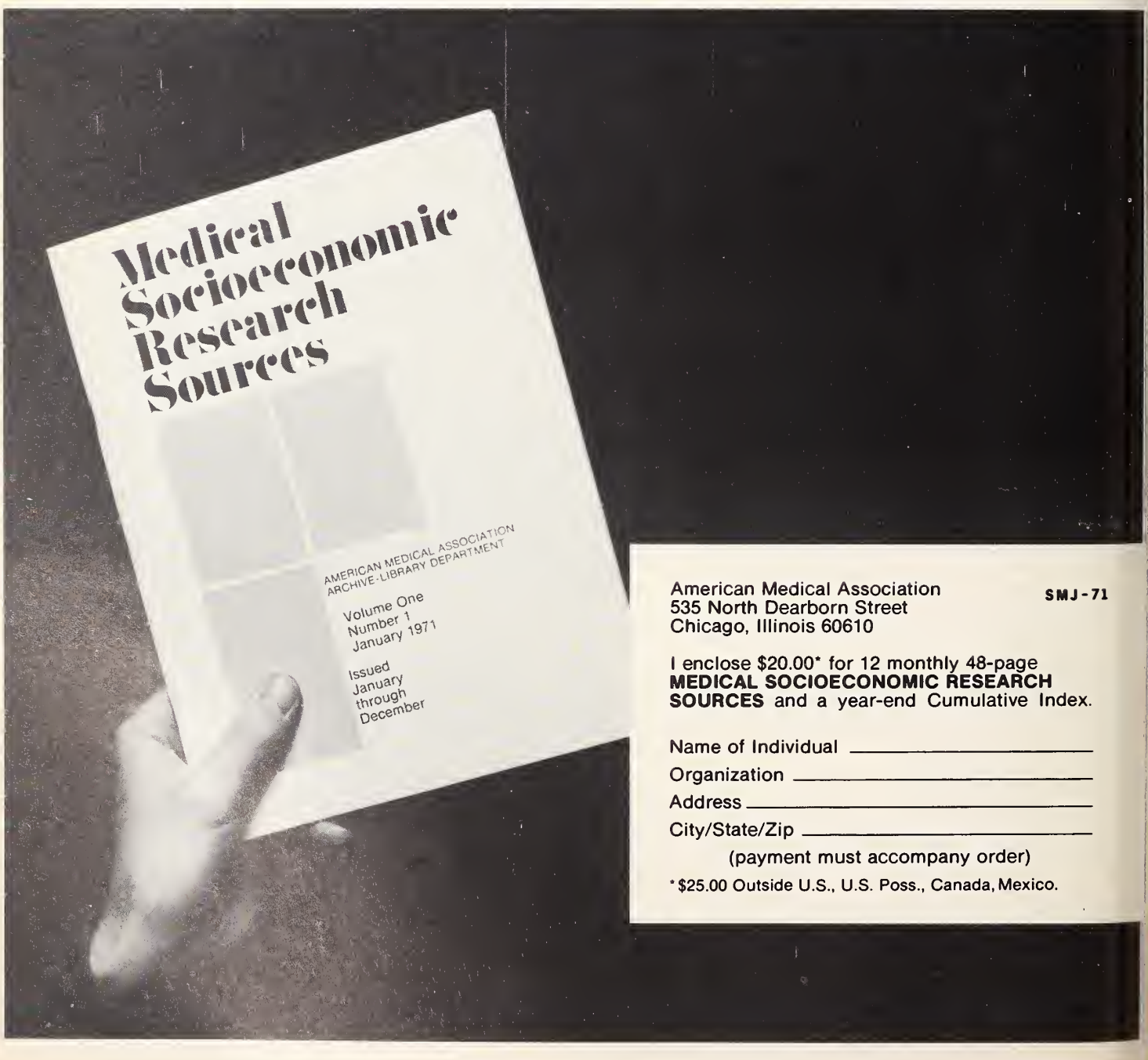
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Blue Shield Announces New Reciprocity System

INDIANA physicians who treat out-of-state Blue Shield members will soon be able to receive direct, immediate payment under a new nationwide Permanent Reciprocity system.

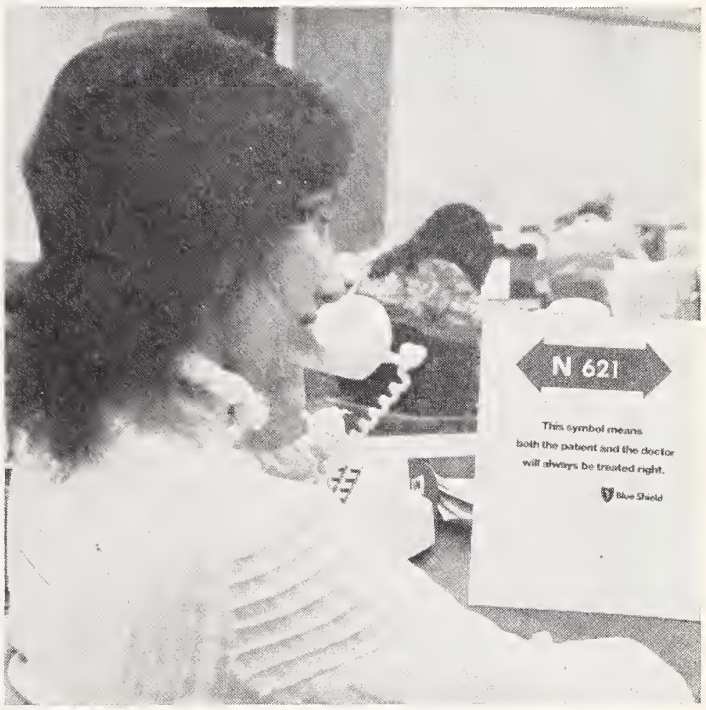
The new program goes into effect on or about March 1, and Hoosier doctors will recognize eligible members of other Blue Shield Plans by a new ID card.

"This new system will allow physicians to bill and receive direct payment from Indiana Blue Shield for covered services under their program, regardless of which of the other 71 Blue Shield Plans the patient is a member," according to Herbert P. Dixon, vice president of Indiana Blue Shield Professional Relations.

Dixon added "Under the new program, Indiana physicians will receive their usual and customary fee as determined by Indiana Blue Shield. Accordingly, physicians' charges will be evaluated by us upon a thorough and accurate knowledge of medical costs in their given area and specialty."

The new Reciprocity System means that Indiana physicians will no longer have to bill an out-of-state Blue Shield subscriber directly, and they will not be required to work with another Blue Shield Plan or have to fill out unfamiliar claim forms. They will also not have to wait while another Plan checks with the local Blue Shield Plan about medical charges, and there will be no long periods of waiting for payment.

Physicians and their staffs have only to work with Indiana Blue Shield under the new system. Reports for all services covered under the program will be made on current and familiar Indiana Blue Shield claims forms.



INDIANA Blue Shield Professional Relations telephone inquiry consultants will be working with doctors throughout the state in the new Permanent Reciprocity System. Above, Elaine Glanzman, Senior Consultant, displays the emblem of the Reciprocity Program ID card on her desk during a phone conversation.



HOOSIER Physicians will be able to identify out-of-state Blue Shield members eligible for participation in the new Reciprocity Program by identification cards with the above symbol of a Plan code number within a red double-pointed arrow. The number in the example above, 621, is that of the Chicago Blue Shield Plan.

Blue Shield members eligible for participation in the program have been issued a specially annotated identification card that bears a Plan code number within a red double-pointed arrow in the upper left quarter of the card.

Indiana physicians will frequently be seeing the following code numbers on cards from various neighboring Plans:

621, Chicago; 660, Kentucky; 710, Michigan; 834, Columbus, Ohio.

Hoosier doctors, however, will not be concerned with the 630 code number, which is that of the Indiana Blue Shield Plan. Physicians expected to be affected most by the new system are those located in border cities in the state.

"Like our new dental care program, this Permanent Reciprocity system is another in a continuing series of innovative steps that Indiana Blue Shield is taking to better serve our members and providers," Richard C. Kilborn, President, Indiana Blue Shield, said in announcing the program.

Indiana Blue Shield Professional Relations field representatives and telephone inquiry consultants are available and trained to work with Indiana physicians and their assistants in the new program.

Additional information on the Permanent Reciprocity Program is being supplied to physicians throughout Indiana this month in the Doctors' Assistants' New Capsule, distributed by Indiana Blue Shield Professional Relations.

The new Reciprocity System is expected to be implemented by all 72 Blue Shield Plans.

Your Money or Your Life

Two ISMA sponsored insurance plans designed to provide the member physician with positive protection for his two most important assets: his life and his ability to work.

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ABSTRACTS, BOOK REVIEWS

HANDBOOK OF POISONING

Robert H. Dreisbach, Lange Medical Publications, Los Altos, Calif., 1971; $6.00.

Handbook of Poisoning is just what its name implies. It is another extremely useful, to-be-kept-at-the-elbow volumette from Lange Medical Publications. Its author is Professor Emeritus of Pharmacology at Stanford.

The introductory chapters: Prevention of Poisoning, Emergency Management, Diagnosis and Evaluation, Long-Term Management, and The Physician's Legal and Medical Responsibility in Poisoning, are most useful. Then the various types of poisons are taken up by groups—Agricultural Poisons, Industrial Hazards, Miscellaneous Hazards, Medicinal Poisons, and Animal and Plant Hazards. A book of this nature must have a precise and usable index, and this book does. Even the end papers provide useful emergency information.

The book is bound in plastic in a durable format. It is recommended for all physicians, even those not in practice.

W. D. SNIVELY, JR., M.D.
Evansville

CLINICAL ENZYMOLOGY: PRINCIPLES AND APPLICATIONS

Hermann Mattenheimer, M.D., Ann Arbor Science Publishers, Inc., Ann Arbor, Michigan, Revised English edition, 1971; 168 pages, $14.75.

The book represents translated and revised work from Enzymologie fur den Praktischen Arzt, written by the author and published in 1966 by Hans Huber Verlag, Bern and Stuttgart.

The book is compact and very easy to read. A review of enzymatic principles is well presented. Brief summaries appear often in the book, but references at the end of each chapter are numerous and mostly by German authors. The book has 10 chapters and a Foreword by Prof. Robert M. Karks.

Basically, the material in the book is not new but is rather a series of brief summaries which can be found in most biochemistry-physiology texts. Limited new material is presented in a brief manner. For example, isoenzymes are presented in a few short paragraphs. The section on Procedures for Enzyme Activity is also limited and the references are limited to two (both German).

The illustrations and printing are good. This book should be useful to those who are at the beginning of clinical enzymology or do not have time to read extensively on the subject.

J. SOHANEY, M.S.
W. P. LOH, M.D.
Gary

PHYSIOLOGY OF WORK CAPACITY AND FATIGUE

Ernst Simonson, M.D., editor, Chas. C Thomas, Springfield, Ill., 1971; 571 pages with numerous tables and charts; 1500-plus

references listed alphabetically on 70 pages; $33.50.

It has been my privilege to become well acquainted with the author of this monograph during the decade-plus that we were joint members of the FASEB Translation Board. He has had the handicap (or advantage?) of having had to migrate from Germany to Russia to Prague and—finally—to the U.S.A. ahead of the Hitler scourge. As a consequence, he is fluent in many languages and has had first-hand experience with research approaches in most diverse surroundings. It is to his immense credit that he has made the most of all of them.

The present monograph is a superb distillation of a lifetime of dedicated effort and probing thought. It is really THE definitive apex of the vast area covered by the succinct title: Physiology of Work Capacity and Fatigue.

Some rather minor things startle me. On page 40, we notice the statement that "in long distance skiing, the blood sugar drops steadily from an initial value of 110 mg% to the low level of 39 mg%" And still stay conscious?

In exercise, we are told the value of K drops as does protein solubility. Membrane permeability increases with progressing fatigue; the Nissl substance in nerve cells may decrease to 15% of the normal before death ensues . . . A reading of the data is very instructive.

The story of myasthenia gravis is crisply incisive. We know of the curare-like effect produced by the acetyl-choline deficiency. The uses of thymectomy or neo-stigmine are judiciously presented: the reader is told what we *do* know and what we still fail to grasp.

The tale of altitude effects is another example of compressing an immense amount of data into compact tables. On p. 316, Table 36 tells us just about the essence of oxygen transport and how things change from sea level to 2300 meters to 4000 meters elevation. I did not know that at the highest level, arterial pH can drop to a reading of 7.20 and the individual not only survive but "acclimate" himself to work as if the reading were the usual 7.35 or so.

But why go on? This is a volume that is a must, not only for the rehabilitation workers but also for all hospital libraries, to say nothing of most M.D.s who just want to know a little more than they knew before. As usual, the binding, paper and printing are superb and well worth the somewhat hefty price. Congratulations all around!

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

USE AND INTERPRETATION OF THE LUNG SCAN

Fred S. Mishkin, M.D., and Richard E. Brashear, M.D., Charles C Thomas, Springfield, Ill., 1971; 121 pages, illustrated.

The first two chapters of this short monograph cover pertinent structural and functional information and technical details, including artifacts. The third and fourth chapters deal with pulmonary parenchymal abnormalities and vascular abnormalities. The last chapter deals with abnormalities of the pleura and chest wall.

The book is designed as a guide to radiologists and chest physicians who deal with pulmonary scans. However, the explanations remain relatively elementary; most chest physicians would probably know much of the information presented. Physicians with only an occasional need for information obtained by lung scan will find the volume valuable because of readability, clarity, and brevity of explanations. Included are 267 references. The scans presented are correlated with radiographs and angiograms to form a partial atlas of common cardiopulmonary diseases.

The volume is not designed as a comprehensive atlas and does not include, for example, the findings of pulmonary embolus when complicating diffuse pulmonary diseases. Included are several useful applications, including use as a means of evaluating risk and chance of success in surgery of bullous lung disease.

Future volumes would benefit from an appendix containing a list of contraindications to lung scan as well as a comprehensive list of applications for the technique. The index could also be made much more complete.

JAY S. FLEISHMAN, M.D.
Muncie

CODE FIVE

Frank G. Slaughter, M.D., Doubleday & Co., Inc., Garden City, New York, 1971; $5.95.

Code Five (the hospital signal for cardiopulmonary arrest) is another one of Dr. Frank Slaughter's splendid novels. In this one, he views in his usual fascinating narrative style current medical problems of prime importance involving the inner city, its racial tensions, sexual inadequacies, and a deteriorating city hospital. As usual, he writes with authenticity and believability. The book is strongly recommended for all medical and nonmedical lovers of good fiction. The book is bound in a hard cover and sells for $5.95.

W. D. SNIVELY, JR., M.D.
Evansville

DRUG METABOLISM IN MAN

Elliot S. Vesell, editor—Annals of the N.Y. Academy of Sciences, vol. 179, July 6, 1971. Reports of the Conference sponsored by the Academy's "Section of the Biological and Medical Sciences," chaired by Leonard J. Lerner; in three parts, 773 pages.

Since WWII, there has been developed a whole new generation of gadgets that has enabled the laboratory technicians to probe deeply and all but automatically into the basic essence of matter. As a result, the veriest tyro can now do efficiently and quickly analyses using but the tiniest specks of material.

The "AMA DRUG EVALUATIONS-1971" distributed to all active members of that prestigious organization is a concrete manifestation of this trend. The present monograph merely carries the matter further in a more technical and sophisticated manner. A veritable pride of famous lions give crisp and—mostly—clear monologues on their particular facet of the problem.

Just displaying my personal predilections, I liked such articles as: "Parathyroid Hormone and Calcitonin," "Hyperlipidemic Drugs and Hyperlipoproteinemia," "Deficiencies in Our Present Protocol for Chemical Evaluation and Possible Remedies," etc.

Altogether, no M.D. or even the biologic scientist of today can afford not be within easy reach of these volumes. They are fabulous; without any embarrassment, we should be going to them again and again.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

RADIATION PROTECTION STANDARDS

Lauriston S. Taylor, Chemical Rubber Co. Press; Cleveland, 1971; 110 pages with several tables and almost 200 references; $11.50.

It is most instructive to see that the essential precautions needed for the protection of the patient and the doctor can now be reduced to a mere handful of clear, precisely spelled out instructions.

Many men still in active practice have lived to have actually seen their fingers wither away from the dry gangrene of overexposure! I had a classmate who had experienced this shattering

Continued

experience; fortunately, I myself was lucky and was spared.

The nucleus of the "indivisible" atom has been found to have not only electrons and protons; it also has the neutrons and that magical triangle of the Einstein-predicted radiations: the muons, mesons, photons and all the others in that (to me) still sort of weird grab bag of weightless waves, breaks in the space time continuum and what have you?

In either case: every installation using x-ray equipment will have to have this manual. The gentlemen in charge will, just about, have to have its contents memorized.

As usual, the printing, binding and paper are first quality stuff.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

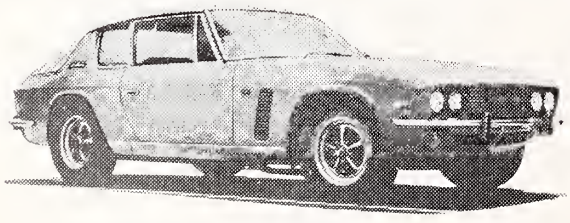
Abstracts From Various Literature, Prepared by AMA

PREVENTION OF URINARY TRACT INFECTION WITH LOW-DOSE NITROFURANTOIN

R. R. Bailey et al. (P. E. Gower, Fulham Hosp., London)
Lancet 2:1112-1114 (Nov. 20) 1971.

One hundred two women with normal renal function but having recurrent urinary tract infections took part in trials of low-dose nitrofurantoin at night to prevent recurrence of infection. In the first trial, doses of 50 to 100 mg of nitrofurantoin were used, and in the double-blind trial the dose was 50 mg. In the first trial the drug was given for periods up to five years; the double-blind trial lasted for up to one year. Fifteen of the 52 women in the first trial had an abnormal intravenous pyelogram. All of the other patients had a normal intravenous pyelogram. Both trials demonstrated that such treatment is highly successful in reducing recurrences of infection, is acceptable to the patients, and almost free from side effects.

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EFFECTS OF POSTURE IN HIATUS HERNIA AS STUDIED BY ESOPHAGEAL pH MEASUREMENT

K. S. Habibulla, J. F. Ammann and J. Leigh (Queen Elizabeth Hosp., Birmingham, England)
Thorax 26:689-695 (Nov.) 1971.

The use of postural restriction in the treatment of patients with hiatus hernia has been analyzed by using continuous esophageal pH measurements. Postural restriction is not effective in the prevention of reflux of acid. The percentage of the time during which esophageal pH remains below 5 is not significantly different when comparison is made during periods of sitting and lying. The frequency of reflux episodes is actually greater in the sitting position, but the duration of each reflux episode is significantly shorter than when the patient is lying down. The symptomatic benefit derived by hiatus hernia patients from adopting the sitting position is explained by improved clearance of regurgitated acid.

DIAGNOSIS OF PRIMARY LUNG CANCER WITH SPECIAL REFERENCE TO SPUTUM CYTOLOGY

N. C. Oswald et al. (Brompton Hosp., London)
Thorax 26:623-631 (Nov.) 1971.

Of 2,545 consecutive inpatients with primary lung cancer, pathological proof was obtained in 48% by sputum cytology, 32% by bronchoscopy, 12% from miscellaneous sites, and 12% at thoracotomy or necropsy only; proof was obtained in 92% altogether. Total work in sputum laboratories in one year yielded only 17% positives for cancer cells; only one fourth of the patients tested had lung cancer. Agreement between types of cell found in sputum and at resection or autopsy occurred in 84%. Owing to labor and expertise involved, sputum cytology is recommended only in major hospital centers.

EPIDEMIOLOGICAL ASPECTS OF TURTLE-ASSOCIATED SALMONELLOSIS

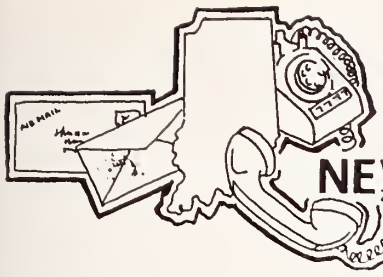
E. F. Baker, Jr. (303 N Oregon, El Paso, Tex. 79901), H. W. Anderson and J. Allard
Arch Environ Health 24:1-9 (Jan.) 1972.

A total of 21 reported human cases of salmonellosis implicating reptiles—turtles and one chameleon—as the most probable sources of infection were investigated in the state of Washington. Of the 103 family members, including the index cases, 48 were ill or had stool specimens testing positive for salmonellae. Salmonellae and the related arizonae were isolated from an appreciable number of turtle-tank water samples obtained at wholesale and retail outlets.

METHADONE DISKS

J. H. Jaffe, K. Fritz and K. K. Kaisthma (950 E. 59th St., Chicago 60637)
Arch. Gen. Psychiatry 25:525-526 (Dec.) 1971.

Currently available methadone disks can, with a little ingenuity, be converted into the injectable form. This is of potential concern since methadone, when injected intravenously, is similar to other opiates in its psychopharmacological effects. The possible misuse of these disks can be avoided by dispensing the medicine in natural or certain artificial juices.



NEWS NOTES

Old Pathology Building Rededicated as Museum

On Sunday, October 10, 1971, the Old Pathology Building (on the grounds of Central State Hospital at Indianapolis) was rededicated as a Museum for the History of Medicine and Medical Education in Indiana.

The program was co-sponsored by the Marion County Medical Society and the John Shaw Billings History of Medicine Society. Dr. John Keating, superintendent of Central State Hospital, served as the Master of Ceremonies, introducing Governor Edgar D. Whitcomb, who gave the initial address. Dr. Sprague Gardiner spoke in behalf of Mayor Richard Lugar.

Other addresses were given by Dr. Arvine Popplewell, president of the Marion County Medical Society, and by Dr. William Murray, Mental Health Commissioner for the State of Indiana. A slide program, narrated by Dr. Charles Bonsett, president of the John Shaw Billings History of Medicine Society, followed. This related the history of medicine and medical education in Indiana to the Indianapolis Sesquicentennial celebration.

Among others in the audience was Dr. Goethe Link. Dr. Link commented that this was his first return to the Old Building since his student days at the Central College of Physicians and Surgeons, prior to the turn of the Century.

It is of interest to recall that, on the occasion of the original dedication, December 18, 1896 (also a joint meeting with the Marion County Medical Society), another senior physician, Dr. William Henry Wishard, was present. The lives of these two physicians span the entire period of the Medical History of Indiana. Both men are noted for their interest in Indiana Medical History.

At the January meeting of the society a slide presentation of Dr. Joseph Eastman and Dr. Frank Wynn, distinguished Indiana physicians of an earlier year, was given.

Named Executive Director, Vice President of ACP

Dr. Kenneth G. Kohlstaedt, Indianapolis, was recently elected by the American College of Physicians to be Executive Director of the Commission on Foreign Graduates. Dr. Kohlstaedt was also elected to the position of vice-president of the College.

Malpractice Booklet Available

"Medical Malpractice—A discussion of alternative compensation and quality control systems," edited by Donald McDonald, is a report on a conference sponsored by the Center for the Study of Democratic Institutions. It is available at a cost of one dollar. Write to the Center for the Study of Democratic Institutions, Box 4068, Santa Barbara, California 93103.

Dr. Norris Named Vice Chairman

Dr. Max S. Norris, Indianapolis, was recently elected vice-chairman of the Board of Trustees of Butler University. Mrs. Donald A. Wood, wife of **Dr. Donald Wood,** Indianapolis, was newly elected to the Board.



GOVERNOR Edgar Whitcomb addressed the joint meeting of the Marion County Medical Society and the John Shaw Billings History of Medicine Society on October 10, 1971. Seated in the front row, fourth and fifth from left, are Dr. and Mrs. Goethe Link. Standing in the background, far left, is Dr. John Keating, Superintendent of Central State Hospital.

APS Headquarters Moved

The Association of American Physicians and Surgeons has moved its headquarters to 2111 Enco Drive, McDonald's Plaza, Suite N 515 to 519, Oak Brook, Illinois, 60521. The phone number is (312) 325-7911.

Merck, Sharp & Dohme, Purdue Collaborate on Drug Abuse Study

Students of the Purdue School of Pharmacy are in their third year of conducting educational programs on drug misuse and abuse. Merck, Sharp and Dohme have contributed financial assistance to enlarge the effort. Pamphlets are being developed along with visual aids to aid in the educational community meetings.

Appointed to AMA Committee

Dr. Wallace D. Buchanan, South Bend, has been nominated by the American College of Radiology to the AMA Inter-Specialty Committee.

ACP Admits Five Hoosiers

The American College of Physicians admitted 242 new members at its recent meeting. Physicians admitted from Indiana were **Robert D. Robinson, Jr., M.D., Bloomington; E. Larry Knight, M.D., Elkhart; Richard J. Hamburger, M.D., and John C. Lowe, M.D., Indianapolis; and Lindley H. Wagner, M.D., Lafayette.**

Advisory re Dealing with Hong Kong Merchants Issued

The Better Business Bureau of Los Angeles has issued an advisory to the effect that those who deal with Hong Kong tailors should realize that, regardless of legitimate dealings and good tailoring, the process of making adjustments of complaints is protracted and at a great distance. BBB notes that purchasers should remember that a stiff import duty must be paid by the customer on delivery and that dissatisfactions are difficult to

Continued

resolve. It is apparent that BBB does not acknowledge the business practices of foreign merchants as one of its responsibilities —the advisory lists the names and addresses of several Hong Kong business associations with whom to correspond.

Disease Screening Booklet Offered

"The Role of Community Organizations in Disease Screening Programs" is the title of a new publication which outlines information on screening activities of health and service organizations in the U.S. It is published by the Disease Detection Information Bureau and may be obtained by writing the Bureau at 3553 W. Peterson Ave., Chicago 60659. There is no charge.

Hoosiers Named to AMA Committees

Among Hoosier physicians named to AMA councils and committees are **Dr. Patrick J. V. Corcoran, Evansville,** who will serve on the Council on Health Manpower, and **Dr. Kenneth O. Neumann, Lafayette,** who has been named to the Committee on Health Care Financing of the Council on Medical Service.

Dr. Wallace D. Buchanan, South Bend, will serve on the AMA Inter-Specialty Committee.

FDA Regulation Sets Combination Guidelines

An FDA regulation, published in final form October 15, attempts to clarify the conditions under which combination drug products will be permitted to remain available, or be introduced anew for prescribing.

A controversy involving the medical profession, drug manufacturers and various elements of pharmacy has been smoldering since February 18, when the FDA issued its proposed policy on fixed combinations. Those guidelines had a strong "anti-combination" flavor, representing an attitude prevalent in some areas of academic medicine.

More than 1,000 physicians, elements of organized medicine, the Pharmaceutical Manufacturers Association, 29 individual drug firms, and several organizations representing pharmacy, contested the proposed guidelines. Generally, it was charged their enforcement would deny doctors valuable, highly respected products, cost patients more because of the individual prescribing of separate combination ingredients, and lead to undue federal intrusion into the practice of medicine.

The final guidelines which were published on October 15 represent a more moderate viewpoint on the part of the FDA, while at the same time retaining its basic authority to move against combination products it considers to be in non-compliance with effectiveness criteria. The FDA guidelines state:

"A. Two or more drugs may be combined in a single dosage form when each component makes a contribution to the claimed effects and the dosage of each component (amount, frequency, duration) is such that the combination is safe and effective for a significant patient population requiring such concurrent therapy as defined in the labeling for the drug. Special cases of this general rule are where a component is added:

"(1) To enhance the safety or effectiveness of the principal active component.

"(2) To minimize the potential for abuse of the principal active component.

"B. If a combination drug presently the subject of an approved new-drug application or antibiotic monograph has not been recognized as effective by the Commissioner of Food and Drugs based on his evaluation of the appropriate NAS-NRC panel report, or if substantial evidence of effectiveness has not otherwise been presented for it, then formulation, labeling, or dosage changes may be proposed and any resulting formulation may meet the appropriate criteria listed in paragraph (A) of this section."

The essence of the new guidelines is that the FDA will continue to evaluate individual products that combine active ingredients in fixed ratios, probably moving cautiously against those with strong clinical support, but seeking to remove from the marketplace those that have, in its opinion, more tenuous reasons for existence.

FDA evaluation of non-prescription combination products is in the process of being systematized. No action is expected for some time.

New Drug Testing, Evaluation Bill Introduced by Senator Nelson

Senator Gaylord Nelson (D-Wis.) has introduced a 50-page bill (S-2812) that would set up a National Drug Testing and Evaluation Center and increase the federal government's role in other areas of drug manufacture and use.

Senator Nelson's Subcommittee on Monopoly has held hearings on the drug industry over a period of 4½ years. While it is not expected that his "omnibus" measure will get serious attention this year, hearings on the measure could be scheduled by the Senate Labor and Public Welfare Committee next year.

Physicians, medical associations or others who have viewpoints they wish to be considered can write their senator or congressmen, or, when the bill reaches the stage of committee hearings, file statements or ask to be heard as witnesses.

In addition to calling for the establishment of a federal drug testing center, which would take drug testing out of the hands of the manufacturer and place it in the U.S. Food and Drug Administration, the Nelson bill would, among other things:

— Provide for the publication of a government compendium which would list all drugs available in the United States by both generic and brand name and include indications, side effects, available dosages, cost, and other information.

— Establish a committee which would compile a formulary of drugs necessary for "good medical practice" which would be reimbursable under all government financed programs.

— Prohibit the distribution of sample drugs without the written request of the physician.

— Require prescriptions to be labeled with the generic name of the drug, all active ingredients, and appropriate "warning" about potentially dangerous ingredients.

— Require that all prescription drug advertisements be precleared by the FDA. Advertisements presently are based on information included in the package insert — which must have FDA approval.

Pathologists Elect Dr. W. P. Loh

Dr. W. P. Loh, Gary, a member of the Editorial Board of *The Journal,* was recently chosen president-elect of the Indiana Association of Pathologists.

New Hospital Staff Officers Announced

New medical staff officers have been announced at a number of Indiana hospitals, as follows:

Perry County Memorial—Dr. Gene Ress, Tell City, president; Dr. Hargis Bush, Cannelton, vice president; and Dr. William Powers, Hawesville, Ky., secretary.

Dukes Memorial, Peru—Dr. J. B. Berkebile, chief of staff; Dr. J. O. Guthrie, vice president; Dr. A. L. Baluyut, secretary.

Drs. D. C. Reyes, R. S. Farag and O. B. Johnson were chosen chief of medicine, surgery and obstetrics, respectively.

Memorial, Jasper—Dr. John B. Beaven, chief of staff; Dr. Daniel C. Drew, secretary.

Bartholomew County, Columbus—Dr. James L. Stribling, chief of staff; Dr. Sherman Franz, secretary; Dr. Edwin L. Libbert, chief of radiology; Dr. Duane A. Sebehar, chief of medicine; Dr. Robert W. Bush, chief of pathology; Dr. William L. Pearce, chief of obstetrics; and Dr. Griffith Marr, chief of anesthesiology.

Re-elected as chiefs of clinical services were Dr. E. Robert Jacobs in surgery and Dr. David H. Brewer in pediatrics.

St. Francis Hospital Center, Beech Grove—Dr. Ted L. Grissell, Indianapolis, president.

St. Margaret, Hammond—Dr. Walter A. Repay, Munster, president; Dr. George C. Rasch, Hammond, vice president; Dr. Michael Allegretti, Munster, is secretary-treasurer.

Rush Memorial, Rushville—Dr. Kenneth Corpe, chief of surgery; Dr. David Ellis, chief of medicine; Dr. C. W. Worth, chief of obstetrics; and Dr. Charles Sheets, secretary.

Other Elections Held

St. Joseph, Fort Wayne—Dr. Gerald Nolan, president; Dr. Joel Salon, president-elect; and Dr. George Irmscher, secretary-treasurer.

Gibson General, Princeton—Dr. R. E. Weitzel, president; Dr. D. H. Lindauer, vice president; Dr. B. C. Brink, secretary-treasurer.

Porter Memorial, Valparaiso—Dr. John R. Poncher, chief of staff; Dr. Robert Y. Lee, president-elect; and Dr. Thomas Konicke, Valparaiso, secretary.

Methodist, Indianapolis—Dr. Warren E. Coggeshall, president; Dr. Hugh K. Thatcher, Jr., vice president; Dr. William M. Huse, secretary-treasurer (re-elected). Dr. John H. O. Mertz was named to the joint liaison committee with the hospital board of trustees with Drs. Donald E. Stephens and Arnold J. Bachmann.

Memorial, Michigan City—Dr. M. L. Bankoff, president; Dr. Raymond J. O'Brien, president-elect; and Dr. Leonard Paul, secretary-treasurer. New members elected to the executive committee are Drs. Amos Arney and William A. Stark.

Margaret Mary Community, Batesville—Dr. J. F. Ortiz, president; Dr. A. D. Ducanes, first vice president; Dr. J. L. Paras, second vice president; and Dr. A. E. Jaojoco, secretary-treasurer.

Elkhart General—Dr. Virgil Graber, chief of staff; Dr. J. W. Hurley, vice chief of staff; Dr. Marvin Mishkin, secretary-treasurer, with Drs. William Pletcher, James Miller and Otto Klassen serving as board members. Dr. Pete R. C. Classen was elected to represent the medical staff on the hospital's board of directors.

Clay County, Brazil—Dr. Everett Conrad, chief of staff; Dr. Robert Maurer, vice chief of staff; Dr. Rahim Farid, secretary; and Dr. Forest Buell was elected to the staff executive committee.

More Officers Listed

St. Vincent, Indianapolis—Dr. Charles J. VanTassel, Jr., president (re-elected); Dr. Joseph C. Finneran, chief of surgery, vice president; Dr. John W. Armstead, secretary-treasurer.

Deaconess, Evansville—Dr. William S. Mullican, president; Dr. Henry J. Rusche, president-elect; Dr. L. Ray Stewart, secretary-treasurer; and Drs. John E. Heumann, Jack J. Pemberton and Robert B. Kessler, council members.

Lutheran, Fort Wayne—Dr. Herbert Acker, president; Dr. Lloyd Vogel, president-elect; Dr. Allen Aldred, secretary; and Dr. Alan Richards, treasurer. Elected to membership on the staff

Continued

Discontinuance of Smallpox Vaccination Recommended by Public Health Service

A recommendation to discontinue the practice of routine smallpox vaccination in this country has been adopted by the U.S. Public Health Service. The policy change was made possible by the success of the World Health Organization smallpox eradication program.

David J. Sencer, MD, Director of the Center for Disease Control, said the threat of adverse reaction from smallpox immunization in the U.S. is now greater than the threat of acquiring the disease itself. He said about six Americans die each year from immunization reactions while there has not been a documented case of smallpox in the United States since 1949.

The U.S. is the second industrial nation—after Great Britain—to move away from mandatory smallpox immunization in favor of selective protection of medical personnel and travelers in countries reporting the disease. The decision whether to adopt the PHS recommendation will be up to state and local health authorities, and state legislatures.

Although the United States can require evidence of smallpox vaccination from all persons entering the United States, this will only be enforced for those who, within the past 14 days, have been in countries reporting smallpox. Persons inquiring about immunization requirements should be informed that it is desirable and recommended that they be vaccinated prior to departure. They will be held or vaccinated at the port of entry in the United States only if they have visited a smallpox reporting country within the two weeks prior to arrival or in the unlikely event they have been exposed to smallpox on their plane or on a connecting flight.

By the end of 1971, according to William Foege, Director of CDC's Smallpox Eradication Program, smallpox was expected to be indigenous in only five countries—Sudan, Ethiopia, Pakistan, India, and Nepal. The risk of importing it to the U.S. is now about one chance every 12 years. Based on European experience, it would require 15 importations per year to produce the same mortality currently associated with smallpox vaccination in the U.S.

executive committee are Dr. Richard Craig, chairman, and Drs. William Ashman, Fred Dahling, and Richard Laker.

Bloomington—Dr. Brad Bomba, chief of staff; Dr. Richard Schilling, chief of staff-elect; and Dr. Glen Ley, secretary.

Heading up the medical staff sections for the current year will be Dr. R. Ross Fowler, chief of medicine; Dr. J. Philip White, chief of surgery; and Dr. Jerard Ruff, chief of ob-gyn-pediatrics.

Others serving on the medical staff executive committee are Drs. James LaFollette, Glenn B. Mather, Charles McClary, Charles McKeen, Anthony Pizzo and James Schaffer.

St. Catherine, East Chicago—Dr. John L. Ferry, president; Dr. R. M. Madlang, vice president; and Dr. G. A. Thegze, secretary-treasurer. New at-large members of the executive committee are Drs. D. T. Ramker and J. W. Harper.

Vermillion County, Clinton—Dr. J. F. Swaim, president; Dr. Milton Herzberg, secretary.

Changes Throughout State

Marion County General, Indianapolis—Dr. Gale E. Dryden, president; Dr. Joseph J. Mamlin, vice president; Dr. John D. Miller, secretary; Dr. Arvine G. Popplewell, treasurer; and Dr. Warren S. Tucker, parliamentarian.

Decatur County Memorial, Greensburg—Dr. W. C. Callaghan, chief of staff.

St. Mary, Evansville—Dr. E. DeVerre Gourieux, president; Dr. Ralph F. Carlson, vice president; Dr. Robert H. Oswald, secretary-treasurer. Dr. George W. Willison will continue as chief of staff until April 1, at which time Dr. F. Minton Hartz will become the hospital's first medical director.

Also elected were chiefs of the five major clinical services: Dr. Joseph E. Coleman, pediatrics; Dr. Walter B. Hassel, obstetrics and gynecology; Dr. Irvin L. Himeburger, surgery; Dr. Gordon T. Herrmann, medicine; and Dr. Julian D. Present, family practice. Dr. Donald B. Elshoff was elected assistant chief in medicine.



"It happens like this every time — he just can't wait to get his copy of the ISMA Journal."

Pre-Sate® (chlorphentermine hydrochloride)

Caution: Federal law prohibits dispensing without prescription.

Indications
Pre-Sate (chlorphentermine hydrochloride) is indicated in exogenous obesity, as a short term (i.e. several weeks) adjunct in a regimen of weight reduction based upon caloric restriction.

Contraindications
Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states. Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias. The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

Warnings
When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexigenic effect; discontinue the drug. Tolerance to the anorectic effect may develop. Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants. There have been reports of pulmonary hypertension in patients who received related drugs.
Drug Dependence Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended. In long-term controlled studies with the high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.
Usage In Pregnancy The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended. Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.
Usage In Children Not recommended for use in children under 12 years of age.

Precautions
In patients with diabetes mellitus there may be alteration of insulin requirements due to dietary restrictions and weight loss. Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction. In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug. Psychologic disturbances have been reported in patients who concomitantly receive an anorectic agent and a restrictive dietary regimen.

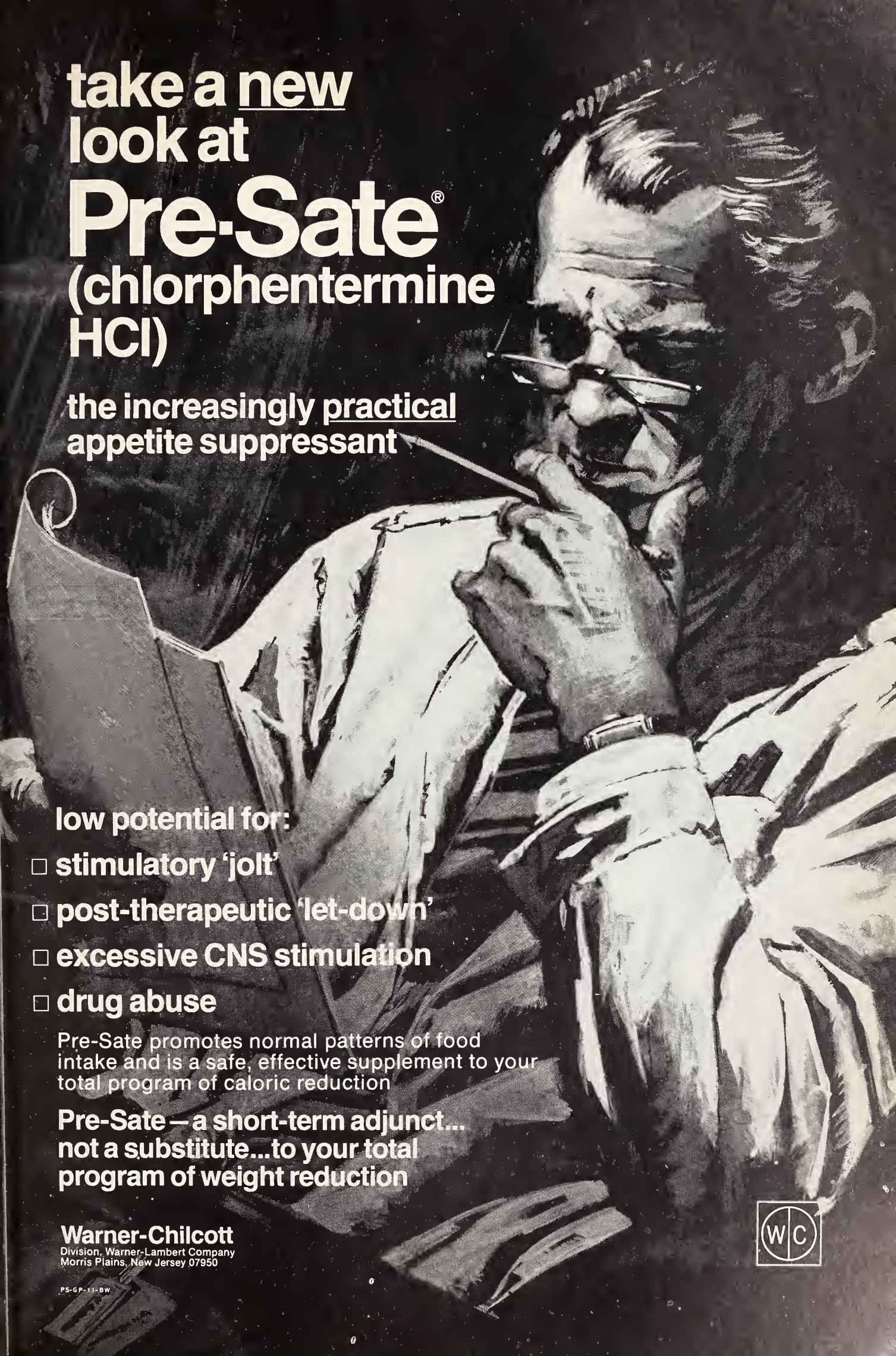
Adverse Reactions
Central Nervous System: When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

Dosage and Administration
The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

Overdosage
Manifestations: Restlessness, confusion, assaultiveness, hallucinations, panic states, and hyperpyrexia may be manifestations of acute intoxication with anorectic agents. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.
Management: Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

How Supplied
Each Pre-Sate (chlorphentermine hydrochloride) tablet contains the equivalent of 65 mg chlorphentermine base; bottles of 100 and 1000 tablets.

Full information is available on request.


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Pre-Sate®
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When you select this familiar antibiotic for IV infusion you have available a broad dosage range that hospitalized patients may need.

Intravenous Lincocin (lincomycin hydrochloride, Upjohn), with its 1.2 to 8 grams/day dosage range, covers many serious and even life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Lincocin IV therefore can be as useful in your hospitalized patients as its IM use has proved to be in your office patients. As with all antibiotics, *in vitro* susceptibility studies should be performed.

1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25—30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

Lincocin®

Sterile Solution (300 mg per ml)

(lincomycin hydrochloride, Upjohn)

For further prescribing information, please see following page.



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Sterile Solution (300 mg. per ml.)

Lincocin®

(lincomycin hydrochloride, Upjohn)

Up to 8 grams per day by IV infusion for hospitalized patients with life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

Each preparation contains:	Lincomycin hydrochloride monohydrate equivalent to lincomycin base
250 mg Pediatric Capsule	250 mg
500 mg Capsule	500 mg
*Sterile Solution per 1 ml	300 mg
Syrup per 5 ml	250 mg

*Contains also: Benzyl Alcohol 9 mg; and, Water for Injection—q.s.

Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reactions*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

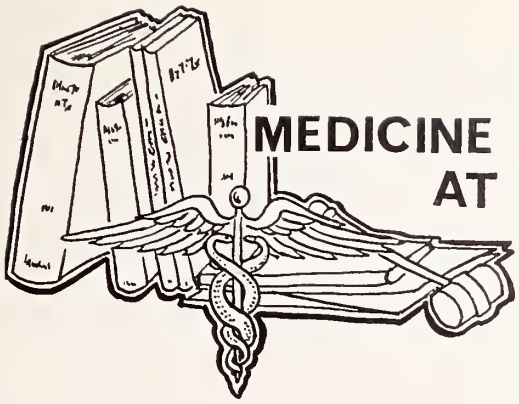
HOW SUPPLIED: *250 mg* and *500 mg* Capsules—bottles of 24 and 100. *Sterile Solution, 300 mg per ml*—2 and 10 ml vials and 2 ml syringe. *Syrup, 250 mg per 5 ml*—60 ml and pint bottles.

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MEDICINE AT LAW

Physician and Druggist Slandered on Call-In Radio Show— A radio station that invited the public to call in and speak freely on a direct broadcast, with no use of monitoring equipment or delay device for editing or censoring objectionable statements, was liable to a physician, a druggist, and a restaurant owner, for defamatory statements made by an anonymous caller. The ruling was made by a Louisiana appellate court. In addition, the court dismissed a complaint against the dairy which sponsored the program.

The physician, the drug store manager, and the restaurant owner were awarded damages in the sums of $5,000, $4,000, and $2,500, respectively, for defamatory statements aired over the radio station. The broadcasting corporation appealed the trial court judgment, as did the other parties, who thought their awards should be increased. The corporation contended that the alleged defamatory statements were privileged under the First Amendment because they concerned matters of public interest.

The radio station broadcast a live program during which the listening public was invited to call in and comment on a preselected subject of current public interest. The comments were broadcast live over the air.

On April 2, 1968, the program announcer declared that the topic for discussion the next day was to be narcotics. On the morning of the program, he asked that callers not use specific names or places unless they were willing to identify themselves. Later in the program, two calls were received regarding the sale of narcotics in a restaurant, which was mentioned by name.

The first caller named one of the owners of the restaurant and commented that they probably did not sell dope there. The second caller said it was obvious that a certain physician was writing prescriptions for narcotics, which were being filled by the drug store manager and sold at the restaurant. Again, the caller named the restaurant and the people allegedly involved. Both callers refused to identify themselves.

The local police department was besieged with calls concerning the program in question. The chief of police published a statement in the local newspaper to assure the public that rumors of widespread use of narcotics in the area were unfounded. He also stated in the article that the characters of innocent persons were being maliciously slandered by unverified rumors that they were involved in narcotics traffic. The accused persons denied any such involvement, and no attempt was made to prove the accusations.

The radio station broadcast from a town of 20,000 inhabitants, and its broadcasting range covered an area with about 500,000 potential listeners. Although tape recording equipment and a broadcasting delay-apparatus by means of which programs could be edited or censored before they were broadcast were available, the station manager said that such equipment was not purchased because he did not think the broadcasting corporation could afford the cost.

The subject of narcotics is a matter of public interest of such magnitude as to fall within the privilege accorded free speech and discussion by the First Amendment, the appellate court said. Therefore, the broadcasting corporation could not be held liable unless it aired the offensive statements with knowledge of their falsity or with reckless disregard as to whether or not they were false. Operators of radio stations are not liable for defamatory statements unless it can be shown that the operator has not exercised due care to prevent utterance of such statements.

The appellate court held that the record failed to establish that the radio station had actual knowledge of the falsity of the statements in question. However, because of the format employed, the trial court had held that the radio station deprived itself of the ability to determine in advance the substance of statements transmitted over the air and thus established reckless disregard of truth or falsity.

If a station received defamatory material from an anonymous source and broadcast it without attempting verification, the appellate court said, there would be no difficulty in finding the station liable. The court said that direct broadcast of such defamatory material without use of any monitoring or delay device was no less reprehensible and showed reckless disregard for the truth. A caller could make any statement he desired, regardless of how untrue or defamatory, provided only that he identify himself.

Further, the announcer had not indicated that unfounded remarks were out of order or that mere rumor or speculation would not be permitted. When the callers making the remarks

in question failed to identify themselves, the announcer did not inform them that the interview would be terminated if they did not identify themselves. The court found that the manner of conducting the program encouraged utterance of defamatory statements with utter disregard of their truth or falsity and that it was easily forseeable that anonymous slanderous remarks would be broadcast. The court said that the First Amendment did not protect the radio station against such recklessness.

The demands against the dairy sponsoring the program in question were properly dismissed, the appellate court said. The dairy merely purchased a certain number of commercials and had no knowledge or control of the programs on which the commercials would be broadcast.

The appellate court held that the accusations made by the anonymous callers were defamatory in themselves, because the illicit sale and distribution of narcotics is a most despicable crime. The court said that a person against whom such an accusation is made suffers incalculable loss of reputation.

The broadcasting corporation contended that no damages were payable because there was no proof that actual monetary damages were sustained. The court held that, although pecuniary damages could not be proved, it was established that defamation was actionable because the interest protected was a person's reputation. Where there was damage to reputation, the court held, wide discretion is vested in the courts because of the difficulty in proving such damages. The appellate court therefore affirmed the judgment of the trial court.—*Snowden v. Pearl River Broadcasting Corporation*, 251 So. 2d 405 (La. Ct. of App., July 30, 1971; rehearing denied, Sept. 2, 1971).

Hospital and Medical Group Win Professional Negligence Suit—A patient who brought action for professional negligence against a hospital and a medical group, alleging numerous injuries, was denied recovery of damages by a California jury. He had sued for damages of $250,000 to $300,000.

The patient, a 52-year-old man, had been admitted to the hospital on October 5, 1968, because of a fever of undetermined origin. A malignant lesion of the sigmoid colon was discovered, and a colon resection was performed on October 16.

Because of wound dehiscence, the operative site had to be resutured. The patient later claimed that there had been failure to use retention sutures. When he was dismissed from the hospital on November 1, he still had a fever of undetermined origin, thought to be due to a dental abscess.

On November 26 the patient was readmitted, with a high fever and flank pain. Left ureter blockage and decreased kidney function were discovered on intravenous pyelogram. The patient was discharged on December 2, but he was allegedly not informed of the danger of his kidney.

In December the patient was twice admitted to the hospital for further intravenous pyelograms. However, no further tests were made until December 26, when a laparotomy was performed. A purulent mass was discovered around the left ureter. When the ureter could not be freed, a cutaneous ureterostomy was performed, bringing the ureter to the skin.

After the patient was given an enema, a fecal fistula developed in the colon, and fecal material came through the abdominal wounds. A transverse colostomy was performed, and the patient was discharged.

When it was discovered that the patient's left kidney was not functioning, a nephrectomy was performed. After the operation, the wound became infected, and a wound hernia, the size of a fist, developed.

The patient sued for professional negligence, contending that damage to the ureter during the first operation had caused blockage of the kidney. He also claimed fractures of the ninth and tenth right ribs, which he said were discovered after surgery.

The hospital contended that there had been no damage to the ureter during the colon resection. It claimed that fecal material had leaked from the colon anastomosis, causing the mass around the ureter and blocking it. The hospital said that 10 per cent of all anastomoses in sigmoid colon resections will leak. Further, the hospital contended that the fecal fistula was a reopening of the anastomotic leak and was due to attempts to free the ureter and save the kidney.

The hospital claimed that the patient had signed himself out against medical advice after his second hospitalization. He had allegedly been warned that more tests should be taken because of urinary tract problems. According to the hospital, the patient signed himself out at a critical period after the intravenous pyelogram showed no kidney function.

The colostomy was done in order to rest the colon after the fecal fistula occurred, the hospital stated, and death of the kidney made the nephrectomy necessary. Although the hernia over the site of the nephrectomy was unfortunate, the hospital pointed out it was something that sometimes occurs.

Although the rib fractures were not reported before surgery, the hospital stated that they had been seen on x-rays before surgery. The hospital contended that although there had been a series of unfortunate events, there had been no malpractice by physicians or negligence by the hospital.—*Nelson v. Kaiser Foundation Hospital* (Cal. Super. Ct., Contra Costa Co., Docket No. 115133, 1971).

About Our Cover

With the development of extremely sensitive electronic equipment for measurement and recording, new avenues of research in the electrophysiological characteristics of the heart have been opened. For example, the spread of depolarization of a cell can be measured with high fidelity equipment and this has been found to correlate with the conduction capability of specialized tissues. The effects of various cardiovascular drugs can also be tested for their mechanism of action on the heart's ability to initiate and propagate an impulse. The information may often, then, be directly applied in the therapy of patients with cardiac arrhythmias.

The microelectrode equipment pictured on the cover measures the voltages and changes in voltages of single cardiac cells, and may be compared to the electron microscope. The electron microscope permits minute analysis of a cell's basic structure and the microelectrode an evaluation of a cell's basic electrical activity. Almost daily, refinements of equipment occur that permit an increasingly penetrating look at cardiac cellular function. It is an exciting area for those working in the field and the benefits to be derived for clinical medicine are unquestioned.

What's New?

Life Support, Inc. of Florida is marketing a new portable Solid Oxygen System(TM), called SOS, designed to give oxygen users greater mobility. The entire system weighs 4.2 pounds and is no larger than a binocular case. When activated, one of three canisters, the size of a juice concentrate can, generates oxygen of medical purity at a predetermined constant rate. It will provide 4 liters per minute for 15 minutes. The three canisters in the set will provide for 45 minutes.

* * *

Organon has a new two-minute differential test for mononucleosis. The name is Monosticon Dri-Dot™. Special guinea pig antigen and dyed horse erythrocyte reagent are pre-measured and dried on a paper slide. To perform the test one drop of patient serum is mixed with the antigen. One drop of water is used to suspend the dried erythrocytes. The two drops are mixed. Agglutination of erythrocytes is the positive end point.

* * *

Plenum Publishing announces a new book which describes many examples of biological control—Nature's own means of pest control. It is a collection of papers presented as a symposium of the Ecological Society of America and the AAAS. It is edited by C. B. Huffaker. 468 pages, 106 illustrations, 49 tables, $19.50.

* * *

PREGESTIMIL, a new special nutritional product for infants with malabsorption problems, is being introduced by Mead Johnson. It is a protein hydrolysate designed to aid in the management of carbohydrate digestive problems, food allergies, chronic non-specific diarrhea, cystic fibrosis, fat malabsorption, complications of intestinal resection and idiopathic defects in digestion or absorption.

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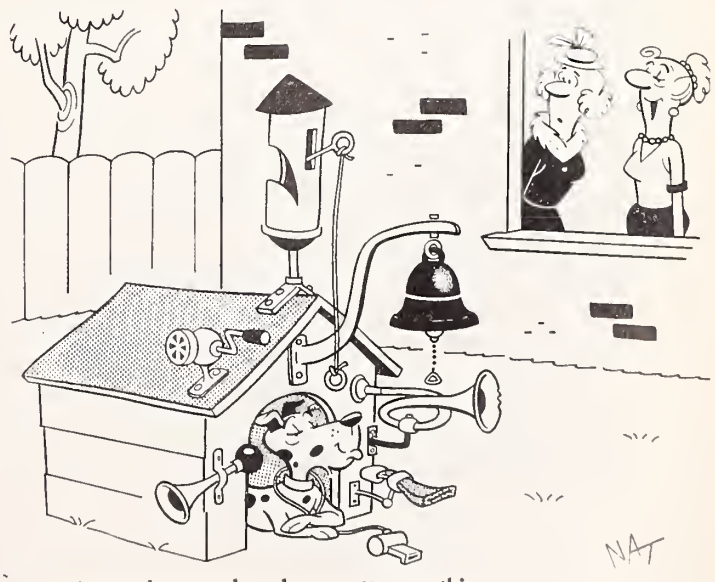
Organon announces a new disposable two-minute test for pregnancy. The trade mark name is PREGNOSTICON DRI-DOT. It does not require refrigeration. It will usually detect pregnancy 12 days after the missed period or about 28 days after conception.

* * *

The Calumet Coach Company offers a new Mobile Medical Health Service vehicle either as a trailer or self-propelled. They are designed for multiphasic testing, maternal and child care, x-ray survey, dental service or any other specialty health service.

* * *

Parker Publishing has just released a new book "There *IS* a Cure for the Common Cold". The author, Edme Regnier, M.D., is a 1944 graduate of Johns Hopkins who has been in active practice for 25 years. His own personal experience and his clinical research has convinced him that the proper administration of Vitamin C will quickly cure the common cold. His book is written for laymen. 210 pages, $6.95.



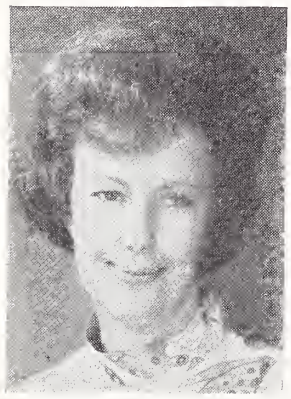
We always know when he wants something.

The Woman's Auxiliary

REPORTS TO ISMA

Report of the White House Conference on Aging

Won't you pause just a couple of minutes from your busy schedule and let me tell you a little about the Second White House Conference on Aging? I was honored to receive an invitation from President Richard Nixon to attend the Conference on Aging as a delegate-at-large. There were forty-three delegates from Indiana attending the conference. All the delegates received paid round trip air fare to Washington, D.C., and a $25 per day allowance.



On arrival in Washington we were greeted by the conference chairman, Dr. Arthur S. Flemming. He welcomed us with a message from the President. The ground rules for the conference had been prepared and were handed out to all participants when they registered.

There were 14 sections and a number of subsection meetings. There were also special concern sessions. These included: Aging and Blindness, Aging and Aged Blacks, Asian American Elderly, The Elderly Consumer, Mental Health Care Strategies and Aging, The Older Family, Homemaker—Home Health Aide Services, Older Indians, Legal Aid and Urban Aged, Long-Term Care for Older People, The Poor Elderly, Rural Older People, The Spanish Speaking Elderly, The Religious Community and the Aged, Physical and Vocational Rehabilitation of Older People, Volunteer Roles for Older People, and Youth and Age.

Five mayors were present at the conference. Our session, the section meeting on housing, was moderated by the Mayor of Rochester, N.Y., Mr. Stephen May. Each state was represented by two young people. The two assigned to our session were surprisingly well informed and contributed to the meetings. The questions discussed were 25 policy statements made by nine subsections concerning housing for the aged. One of the section's recommendations on housing that represents the thoughts of the group was that "Availablility of housing in great variety is imperative. Such housing should respond to health and income needs and provide a choice of living arrangements. It should include sales and rental housing, new and rehabilitated housing, large and small concentrations. It should be produced by public agencies and by private profit and nonprofit sponsors, with incentives to encourage such housing in all communities."

The bombshell was dropped during the meetings by HEW Secretary Elliot L. Richardson in a luncheon speech when he stated that 38 states have "substantial deficiencies" in their nursing home certification process under Medicaid. He called for rapid corrections. Indiana was one of the 38 states he was talking about. The other 12 states were not included only because they had not been inspected.

Following the conference four representatives from HEW met with Dr. Andrew C. Offutt, Secretary of the Indiana State Board of Health, his staff, and with the Indiana Public Welfare Department concerning these deficiencies. It was felt that the deficiencies could be corrected within the allotted time and Indiana was commended on its program of the Auxiliary serving as visitors in nursing homes.

President Richard Nixon spoke to us on the morning of the last day of the conference. He indicated that he was sympathetic to the problems of the aged and stated that "the generation over 65 is a very special group which faces very special problems—it deserves very special attention."

In general, the delegates recommended that existing health care systems be added to and modified to develop a coordinated delivery system for comprehensive health care. The new system would be legislated and financed to insure continuity of both short and long term care for the aged. In addition, it would emphasize education of patients concerning better health care. The delegates were also moving towards proposals that would go far beyond the existing Medicaid and Medicare programs in the extent of services covered.

The conference gave me the opportunity to meet with many people in and out of government who are interested in the problems of the aged. Certainly most of these people were honest, hardworking and sincerely interested in doing their best. We hope that each of us in our small way helped to make the conference a success.

Lelia M. Chernisky

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 18-22, 1972
Place San Francisco

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 16-20, 1972
Place Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date March 28-30, 1972
Place Indianapolis Stouffer's Inn

ASSOCIATION OF OPERATING ROOM TECHNICIANS, INDIANA CHAPTER
Indiana State Conference and Seminar
Date June 3-4, 1972
Place Indianapolis Hilton

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 11-13, 1972
Place Indianapolis Stouffer's Inn

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date April 20-22, 1972
Place Marriott Inn, Fort Wayne

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1972
Place Marriott Inn, Fort Wayne

INDIANA ORTHOPAEDIC SOCIETY
Date March 24-25, 1972
Place Marriott Inn, Fort Wayne

BONE AND JOINT CLUB
Date April 12, 1972
Place Athenaeum Turners, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 16-19
Place Indianapolis Hilton

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 14-16, 1972
Place Indianapolis Hilton

INDIANA ROENTGEN SOCIETY, INC.
Date March 12, 1972
Place Holiday Inn Airport Motel, Indianapolis

Deaths

George S. Bond, M.D.

Dr. George S. Bond, 87, Indianapolis, died December 25, 1971, in an Indianapolis nursing home.



A native of Richmond, Dr. Bond established a heart station at Johns Hopkins Hospital in 1910, two years after his graduation from the University of Michigan School of Medicine. This installation included an electrocardiograph, one of the first, if not the first, instruments in America. In 1914 the young cardiologist came to the Indiana University School of Medicine as Assistant Professor of Medicine, and his first assignment was to set up a heart station. In 1936 he was made Professor of Cardiology, a post he held until 1956.

The second president of the Indiana Heart Association, Dr. Bond was a member of the Board of Directors of the American Heart Association and received the Distinguished Service Award of the Indiana Heart Association in 1967.

A Senior Member of the Indiana State Medical Association, Doctor Bond became a member of the 50-Year Club in 1958.

Mary Helen Cameron, M.D.

Dr. Mary Helen Cameron, radiologist, died November 19 at her home at Hamilton, Steuben County. She was 53.

Dr. Cameron had formerly divided her time between the Cameron Hospital at Angola and the Cameron Memorial Hospital at Bryan, Ohio, but in recent years had devoted her full time to the Bryan hospital.

She served at one time as coroner of Steuben County and was a former member of the Indiana State Medical Association. She was a graduate of the University of Colorado School of Medicine.

Ernest P. Carlo, M.D.

Dr. Ernest P. Carlo, Fort Wayne's first physician specializing exclusively in pediatrics, died Dec. 3 in Lutheran Hospital. He was 79 and a Senior Member of the Indiana State Medical Association.

Named Indiana Pediatrician of the Year in 1967, Dr. Carlo was active in the Central States Pediatric Society and was chairman of the Indiana Chapter of the American Academy of Pediatrics in 1947.

He had been an adviser to the Special Service Committee of the White House Conference on Child Care, was adviser to a committee of the National Foundation for Infantile Paralysis, and served for more than 25 years with the Crippled Children's Service of the state, also helping to organize and build the Indiana service for care of children.

Dr. Carlo was a graduate of General Medical College, Chicago. During World War I he served at Base Hospital 13 in France and Belgium.

Albert Heard, Sr., M.D.

Dr. Albert Heard, Sr., 72, Evansville, died at home December 5, 1971.

A native of Georgia, Dr. Heard graduated from Meharry Medical School in 1932 and had been in general practice in Evansville since 1936. He was a Senior Member of the Indiana State Medical Association.

Several years ago Dr. Heard was honored at an Evansville ceremony for more than 25 years of service as a physician and surgeon and for his leadership in the Negro community.

Leo A. Salb, M.D.

Dr. Leo A. Salb, Jasper, who had practiced medicine for 52 years before his retirement in 1960, died November 13, 1971, at the age of 85.

He was a graduate of the Indiana University School of Medicine and a Senior Member of the Indiana State Medical Association. In 1958 he was awarded membership in the 50-Year Club.

During World War I he served as a captain in the Army Medical Corps. For more than 20 years Dr. Salb had served as city health officer in Jasper.

John Kent Scherschel, M.D.

Dr. John Kent Scherschel, Bedford, was lost and presumed dead November 27, 1971, while on a hunting trip in Alaska. He was serving as a flight surgeon with the rank of Captain and had been stationed at Eielson Air Force Base in Alaska since October 1970.

He was a graduate of the Indiana University School of Medicine in 1969, interned at Ball Memorial Hospital, Muncie, and was a military member of the Delaware-Blackford County Medical Society.

Reuben A. Solomon, M.D.

Dr. Reuben A. Solomon, 78, an Indianapolis internist more than 50 years, died December 11, 1971, in Methodist Hospital. He began his practice in 1919 and retired in 1970.

A Fellow of the American College of Physicians, and diplomate of the American Board of Internal Medicine, he taught for a while at the Indiana University School of Dentistry and, from 1941 to 1961, was a professor of clinical medicine at the I.U. School of Medicine, of which he was a graduate.

During World War I he served as an Army Medical Corps captain in France.

Dr. Solomon was a Senior Member of the Indiana State Medical Association and became a member of the 50-Year Club in 1967.

James F. Treon, M.D.

Dr. James F. Treon, 91, Aurora, who retired from active practice in 1965, died November 20, 1971, at Terrace View Extended Care Facility, Lawrenceburg.

A graduate of the University of Cincinnati Medical School, Dr. Treon became a member of the Indiana State Medical Association 50-Year Club in 1953 and was also a Senior Member of ISMA.

He was also a member of the Dearborn-Ohio Medical Society. ◄

County, District News

Seventh District

The Eldorado Country Club, Greenwood, will be the place for the 1972 annual meeting of the Seventh District Medical Society with Johnson County as the host group. Dr. Otis Bowen will be the speaker for the June 14 meeting.

Carroll

Election of officers took place at a recent meeting of the Carroll County Medical Society with the following result: President, Alvan L. Eller, Flora; vice president, Don J. Wagoner, Burlington; secretary-treasurer, Robert M. Seese, Delphi; delegate, T. Neal Petry, Delphi; alternate, Doctor Eller.

Cass

Dr. J. Carl Jones is the new president of the Cass County Medical Society and Dr. Joseph S. Bean is the new secretary. Both are of Logansport.

Dearborn-Ohio

Dr. John D. Miller, director of the Pulmonary Disease Service, Marion County General Hospital, Indianapolis, was the speaker at the December meeting of the Dearborn-Ohio County Medical Society. His topic was tuberculosis.

Delaware-Blackford

Dr. Harold E. Nelson, will serve as president of the Delaware-Blackford County Medical Society during the current year. Dr. C. R. Speck is president-elect; Dr. David J. Dietz, secretary; and Dr. John F. Cooper, treasurer.

Those who will serve as delegates to the state convention are: Drs. Ross Egger, Donald R. Taylor and Paul E. Burns. Serving as alternates will be: Drs. Warren L. Bergwall, Larry G. Cole and Severino T. Sulit.

DeKalb

The DeKalb County Medical Society will be under the leadership of Drs. John H. Hines, Auburn, and Harland V. Hippensteel, also of Auburn, during 1972.

DuBois

A new president has been named by the DuBois County Medical Society. He is Dr. Arthur L. Wagner, Jasper. Dr. Bernard Kemker, Jasper, will continue to serve as secretary-treasurer. Drs. Harry L. Craig, Huntingburg, and Danel C. Drew, Jasper, will serve as delegate and alternate.

Fort Wayne-Allen County

"Is it Worthwhile to Treat Hypertension?" was the subject of the paper given at the January meeting of the Fort Wayne-Allen County Medical Society. The speaker was Dr. Ray W. Gifford, head of the department of hypertension and renal disease, Cleveland Clinic. Seventy-two physicians were in attendance.

Hancock

The new officers of the Hancock County Medical Society are: Drs. Ben O. Singco, president; John Moenning, vice president; James T. Anderson, secretary-treasurer. Dr. Anderson will also serve as delegate to the State Convention, while Dr. James Garrison, Cumberland, will serve as alternate. Drs. Singco, Moenning and Anderson are all of Greenfield.

Hendricks

Drs. Glenn Baker, Brownsburg; Mark Folkening, Plainfield; and Donald Cheesman, Danville, will serve as president, vice president and secretary-treasurer of the Hendricks County Medical Society in 1972.

Henry

New officers of the Henry County Medical Society are Drs. O. Lynn Webb, president, and Phyllis Grant, vice president. Dr. Sam W. Campbell will continue to serve as secretary-treasurer.

Howard

Dr. John H. Elleman has been elected president of the Howard County Medical Society. First vice president is Dr. Emerson C. Harvey, while second vice president is Dr. Jack W. Higgins. The new secretary-treasurer is Dr. Milo M. Sekulich. Drs. Higgins and Warren N. McClure will serve as delegate and alternate to the State Convention. All are of Kokomo except Dr. Harvey, who is of Burlington.

Jefferson-Switzerland

A talk on drug abuse was given by Dr. Thomas O. Middleton, Bloomington, who serves as director of Middle-Way House at Bloomington, at a joint December meeting of the Jefferson-Switzerland County Medical Society and the Tri-County Medical Society of Kentucky. Wives were guests, and attendance totaled 58.

Dr. Benedicto Adorable was voted into membership.

At the January meeting of the Jefferson-Switzerland County Medical Society, Dr. G. Raccuglia, Louisville, who is head of the hematology department at the University of Louisville, spoke.

In the election of officers Dr. James Burcham, was chosen president, Dr. Noel Graves, vice president; and Dr. Frank Hare, censor. Dr. Ott B. McAtee was renamed secretary-treasurer, and all delegates remained the same.

LaPorte

"Regional Planning and LaPorte County" was the topic of Mr. Kip Kaplan, executive secretary of the regional Comprehensive Health Planning office, Highland, when he spoke at the January meeting of the LaPorte County Medical Society.

Drs. P. J. Pilecki and M. Barbara Backer will serve as chairman and co-chairman of the Health Careers Fair scheduled for April 18-20.

Marshall

Dr. William E. VanFleit, South Bend, spoke on the clinical aspects of peripheral vascular diseases at the December meeting of the Marshall County Medical Society.

Morgan

Dr. William H. Jones is the new president of the Morgan County Medical Society. Vice president is Dr. William P. Winter. Dr. Maurice A. Turner will continue as secretary-treasurer. All are of Martinsville.

Noble

Dr. Max Sneary, Avilla, has been elected president of the Noble County Medical Society. Dr. Joseph Greenlee, also of Avilla, will continue to serve as secretary.

Parke-Vermillion

Delegates and alternates to the State Convention have been chosen by the members of the Parke-Vermillion County Medical Society. They are: Drs. Richard Bloomer, Rockville, and Antolin M. Montecillo, Clinton, delegates; and Fred Evans and John Somerville, both of Clinton, alternates.

Porter

At a recent meeting of the Porter County Medical Society Dr. John A. Forchetti, Chesterton, was elected president, while Dr. Alfred J. Kobak, Jr., Valparaiso, was elected secretary.

Ripley

Drs. E. H. North, Jr., and Manuel G. Garcia, both of Batesville, have been elected president and secretary-treasurer, respectively, of the Ripley County Medical Society.

Shelby

Dr. Harry Gordon will continue to serve as secretary-treasurer of the Shelby County Medical Society; Dr. David Silbert is the new president; and Dr. Paul Inlow becomes vice president.

Drs. Wilson L. Dalton and Thomas D. Tate will serve as delegate and alternate to the State Convention. All are of Shelbyville.

Starke

Dr. Earl Leinbach, Hamlet, is the new president of the Starke County Medical Society. Dr. Roebrt I. Goode, Knox, will continue as secretary-treasurer.

Steuben

Dr. Robert F. Barton, is the new president of the Steuben County Medical Society, and Dr. Claude Davis is secretary-treasurer. Dr. Wayne Schrepferman is vice president.

Chosen delegate and alternate were Drs. Donald Mason and John Hartman, all of Angola.

Tippecanoe

Sixty-one doctors and 71 guests attended the December meeting of the Tippecanoe County Medical Society.

Wayne-Union

At the November meeting of the Wayne-Union County Medical Society the speaker was Dr. Landrum Bolling, president of Earlham College, whose topic was "Youth Culture—Threat or Promise."

Whitley

Dr. Warren Niccum, Columbia City, was elected president of the Whitley County Medical Society at a recent meeting. Dr. John W. Ison, Columbia City, vice president; and Dr. Park Huffman, South Whitley, secretary-treasurer.

Dr. Thomas Hamilton, Columbia City, was named delegate to the State Convention, with Dr. Niccum as alternate.

Wells

Drs. Truman E. Caylor and Louis F. Bradley will serve as delegate and alternate to the 1972 State Convention from Wells County.

Dr. Bradley is the new president; Dr. Jack T. Collins, vice president; and Dr. Russell E. Graf, secretary-treasurer of the Wells County Medical Society. All are of Bluffton.

From *The Journal* 50 Years Ago

Consultations with our medical friends, as a personal favor and for unselfish scientific interest and helpfulness, is one of the splendid ways of strengthening fraternal bonds and learning from each other. We should consider it a high compliment of friendship and confidence to be asked by a colleague to assist in the examination of his patient, that some phase of the situation may be cleared up. You certainly are keeping a friend, and the greatest good is being done for the sufferer. We should never place a financial value upon such consultations. Our medical friends should feel free to consult by phone, on the street, by letter, or call at the office with his patient, without embarrassment or apology. I hold in the highest regard you men to whom I have appealed from time to time for advice and counsel, and which was so freely given. I have in my files a mass of correspondence which has been extremely helpful. As we learn from others, so should we also learn from ourselves. This may be done by taking a serious interest in our work and keeping a check-up on it. Carefully written case records should have been begun long ago and should ever be continued. Do not trust to memory or become satisfied with an easy going routine. Besides the helpfulness to yourself, a most favorable impression is created upon the minds of patients that a genuine interest is being taken in their cases. Nothing is more humiliating than to have to ask a patient what his trouble was or "What we did for you when you were here before." We either push ahead or slip backward. There is no professional nor intellectual level. Go back over your old case records occasionally and see how much you have forgotten, how your work has improved, or perchance fallen short. In this way we learn from ourselves. . . . "Some Professional Shortcomings," William A. Hollis, Hartford City, *JISMA*, February 1922.

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Association News

BOARD OF TRUSTEES

Oetober 11, 1971

The Board of Trustees of the Indiana State Medieal Association was ealled to order at 1:50 p.m. on Monday, October 11, 1971, by Dr. Joe Dukes, chairman, in the Monument Suite of the Indianapolis Hilton Hotel.

Roll Call

District	Trustee	
1	Gilbert Wilhelmus	Present
2	Joe Dukes	Present
3	Eli Goodman	Present
4	Robert M. Reid	Present
5	Wilbert MeIntosh	Present
6	Stephen D. Smith	Present
7	James H. Gosman	Present
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	Wm. Sholty	Present
10	Vincent Santare	Present
11	Lowell Hillis	Present
12	Wm. R. Clark	Present
13	Otis R. Bowen	Present

Alternate	Trustee	
1	Raymond N. Newnum	Absent
2	Betty Dukes	Present
3	E. L. Wallace	Absent
4	Jack E. Shields	Present
5	C. M. Schauweeker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph Kerlin	Present
8	Robert Williams	Present
9	Lindley Wagner	Absent
10	Thomas Tyrrell	Present
11	James Harshman	Present
12	Frederic Sehoen	Present
13	G. Beach Gattman	Present

Officers

Maleolm O. Scamahorn, president	Present
Peter R. Petrieh, president-elect	Present
Lester H. Hoyt, treasurer	Present
Hugh K. Thateher, assistant treasurer	Present
Frank B. Ramsey, editor of *The Journal*	Present

Executive Committee

Donald M. Kerr	Present
Wilbert McIntosh	Present

Delegates and Alternate Delegates to AMA

Eugene F. Senseny	Present
Frank H. Green	Absent
John Farquhar	Absent
Jack Shields	Present
James A. Harshman	Present
Eugene S. Rifner	Present
P. J. V. Corcoran	Absent
Thomas Tyrrell	Present

Guests

Andrew C. Offutt, secretary, Indiana State Board of Health	Present
Glenn W. Irwin, Jr., dean, I.U. Sehool of Medicine	Present
Joe M. Black, chairman, Blue Shield Board of Directors	Present
Stephen Olvey, chief resident, internal medieinc, Methodist Hospital	Present
John S. Murray and guest, H. Fred Custerd	Present
Guy A. Owsley, ehairman, AMA Council on Medical Serviee	Present
Merritt O. Alcorn, president, State Board of Medical Registration and Examination	Present
Joseph F. Ferrara, alternate trustee-elect, 7th District	Present
Walter D. Griest, alternate trustee-eleet, 12th District	Present

Staff

Howard Grindstaff, field seeretary	Present
Jas. A. Waggener, executive secretary	Present

Minutes of Meeting August 22, 1971

The minutes of the meeting held August 22, 1971, were approved as written, with exeeption of an editorial change appearing on page 7, line 3; the word "not" should be the word "now."

CHAIRMAN: The chairman called attention to the schedule of the convention activities, reminding the trustees that they would meet for breakfast each morning in the Monument Suite of the Hilton Hotel.

Report of Dr. Offutt

REPORT TO GOVERNOR'S OFFICE — LEGISLATION AND AUXILIARY VISITS TO NURSING HOMES: Dr. Offutt handed out copies of the report which was made to the Governor's office conceming possible legislation on immunization to be introduced in the next session of the legislature. Dr. Offutt also explained somewhat in detail as to the matter of Auxiliary visits to nursing homes, stating the Governor had asked him to discuss the matter of having the ladies of the Auxiliary visit the nursing homes in the state of Indiana. He stated he had had a discussion with Mrs. Chernish, President of the Auxiliary, and they had developed mutually acceptable guidelines. Briefly, there will be no actual inspeetion by the Auxiliary. There will be a eall at the nursing home and they had agreed among themselves that they make such reports as they see are indicated to the Board of Health. Actually, there is a tremendous amount to be gained from having the Auxiliary make these visits, Dr. Ofutt said, and not the least of these is a matter that I have talked to this body about many times, that too often nursing home problems are a case of out-of-sight and out-of-mind operation. If these ladies ean give it some of their time, I believe there will be some other organizations that will also get involved.

CHAIRMAN: Mrs. Chernish and Mrs. LaDine of the Auxiliary are scheduled to be here in the morning to diseuss this plan for visitation of nursing homes and to give us eopies of the guidelines that the State Board of Health and the Auxiliary have completed.

DR. SCAMAHORN: I think it is a worthwhile program and I would urge that we not take any action until these ladies explain their thoughts on this and they will be here tomorrow morning to discuss this proposed program with this Board.

CHAIRMAN: We will now call upon Dr. Murray of Vincennes.

Report of Dr. Murray and Mr. Fred Custerd

DR. MURRAY: Thank you. I would like to introduce at this time Mr. Fred Custerd who is Director of Aquarius, a drug halfway house in Vincennes. This is a private foundation with Mr. Custerd and another teacher at the center which serves as a rehabilitation facility for drug abuse.

MR. FRED CUSTERD: Mr. Custerd pointed out that to the best of their knowledge, 60% of all young people in the Vincennes High School and 40% of the college students use drugs. He stated "this is not unusual, as we sell 500 billion cigarettes a year; there are 103 million social drinkers and 9 million alcoholics. We live in such a universal drug-oriented atmosphere that we use tons of aspirins, drink thousands of cokes and look at all the things we do that are destroying our bodies. There are some 2 million amphetamines prescribed yearly and, according to an FBI investigation, 50% of all the amphetamines on the market today are stolen. We have 200,000 people who are addicted to drugs in America. The amphetamine users are the most dangerous people I have ever run into. When you have a guy that is strung out, and when I say strung out, I mean on amphetamines, he has the potential of being the most dangerous human being in the world. It is much worse than a heroin problem but very similar. I see drug abuse in America

growing and there are two reasons for this, as I see it. (1) America has become a fine establishment to avoid a basic problem and (2) hypocrisy." He went ahead to explain hallucinogens.

CHAIRMAN: Thank you, Mr. Custerd, and we wish you well in your work. I will now call on Dr. Irwin, Dean of the Indiana University School of Medicine.

DR. GLENN IRWIN: Admissions Committee, Profile of Freshmen Students. I would like to distribute some material which I believe you will find explains the admission problems and gives the current profile of the freshmen medical students. The Admissions Committee is composed of 35 members, and this committee, in interviewing a possible student, considers his academic progress, extra curricular activities and his cultural program. The many non-academic features, such as character, motivation, maturity, letters of introduction, personal interviews and special talents are also considered.

The Admissions Committee spent the equivalent of 14 days in meetings, not to mention the sub-committee sessions. This year we will admit the largest beginning class, totaling 273, of which 39 are women and 11 are black. The average of this class is better than last year's, being a 3.3 average on a 4 point scale. I might add that we had a total of 1,674 applicants from which we selected the final 273. In breaking down the source of this freshman class, we find that Marion County is first, Monroe County second, Tippecanoe County fourth, Vanderburgh and St. Joe tie for fifth; Allen is sixth and Elkhart is seventh. Eight students are from out of state, three from Illinois, one from New York, two from Ohio, one from Hong Kong and one from Viet Nam. I thought you might be interested in knowing, as far as interns and residents from the state of Indiana are concerned, we have 609, which is 182 more than we had four years ago. Thus we have increased the number of interns in Indiana by 42% in a four-year period. Dr. Irwin went ahead to discuss the 91 physician preceptor certificates to be presented during the convention, scholarship and the retention of medical students and tuition fees.

CHAIRMAN: Thank you, Dr. Irwin. Now we will call on Dr. Black, Chairman of the Blue Shield Board of Directors.

DR. JOE M. BLACK: Report of Ernst & Ernst. I am happy to report to you that the new building is progressing according to schedule and we hope that all departments will be moved in to this new facility before the end of the year. As you are aware, the Blue Shield operation has been under surveillance by the Indiana State Medical Association for the past several months. I am giving you a copy of a reply to the charges contained in the Ad Hoc Committee report together with a statement from the firm of Ernst and Ernst who recently reviewed our operation. You will note the Ernst and Ernst report indicates they sampled 249,926 claims and found that the number of claims paid in full was 236,742 or 94.8%. The total amount paid for all claims, both those paid in full and those partially paid, amounted to $9,382,342, or a total percentages of charges paid amounted to 96.97% This evaluation is as of October 7, 1971.

CHAIRMAN: Thank you, Dr. Black. I will now call on Dr. Gosman.

DR. GOSMAN: Presentation of Dr. Stephen Olvey. Mr. Chairman, I would like to introduce Dr. Stephen Olvey, who is chief resident in medicine at the Methodist Hospital and who recently attended a meeting of hospital house staff in St. Louis. I believe the Board will be interested in hearing what he has to tell us.

DR. OLVEY: Thank you, gentlemen, for allowing me to appear before you at this meeting. I know many of you are wondering just how the young physician feels about medicine and its importance to the public. The conference Dr. Gosman referred to, was attended by an almost representative group of interns and residents from each geographic area, private hospitals and also included many foreign representatives. The conference began with a rather outlandish attack by the Women's Liberation front that women were inadequately represented; this was soon resolved when it was pointed out that every woman who applied to attend the conference was accepted. Following this outburst the conference began in earnest with the program covering all fields of medical care involving interns and residents. It was a working conference. I was only able to leave the hospital once in four days. The meetings lasted from eight in the morning, with lunch and dinner breaks, and ending at one or two o'clock in the morning.

The conference was divided into various task forces, including (1) international inequality; (2) professional hazards; (3) racism in medicine; (4) community control (5) house staff economics; (6) issues and house officers training; (7) the draft; (8) new modes of health care; (9) ethical issues in medicine; (10) foreign medical graduates; (11) health care financing; (12) what's wrong with hospitals. I should say that the ideas and views at this conference ranged from the most liberal to some that were moderately conservative. Those present took the meeting quite seriously and worked extremely hard. In my opinion, the consensus of the group of 150 interns and residents can be finalized as follows: With regard to organized medicine, most young physicians wish to work and cooperate in the already existing organization. Before they will do this, however, certain changes must occur. The first regards racism. It was felt that all forms of prejudice in medicine and medical schools must be removed. Second, the young physician sincerely wishes to eliminate any generation gap that exists between himself and his older colleagues. To accomplish this, the young doctor wishes some representation in the already existing organization and a lessening of the paranoia which abounds him when he goes. Third, the existing organization must realize and admit that the availability of quality health care is a right and not a privilege of every citizen in the United States. Fourth, they feel that it is the medical profession that leads the way in matters of environmental improvements, drug abuse, alcohol, tobacco and birth control. All of these issues affect us directly or indirectly. In summary, they believe the image of the physicians in this country must be changed and rather than being a mighty speaking machine, the physician should be looked upon as a compassionate leader in the scientific community attuned to the medical and social problems that exist and then offer a solution. One important conclusion was that this group did not want complete government control of medicine.

CHAIRMAN: Thank you Dr. Olvey. I will now call on Dr. Owsley, Chairman of the Council on Medical Services.

DR. OWSLEY: Proposals in the structure of the Council. I was glad to listen to the comments of Dr. Olvey and he might be surprised to know that many of these points which he has raised are currently in process. I would like to inform you of some changes in the structure of the Council which originally had six committees — one on Aging; Maternal and Child Care; Welfare Services; Health Care Finances and Community Health Services. Our Council felt that, since it is more or less a socio-economic group, we should divorce ourselves from the Committee on Aging; Maternal and Child Welfare and consolidate the other four committees into three. We suggested the Welfare Committee and the Environmental Medical Services, Federal Medical Services, as known at that time, be consolidated into what is now known as Governmental Medical Services and we retained the two committees on Health Care Finances and Community Health Care Services. The Board of Trus-

tees, however, sent the Committee on Aging back to us and there was nothing we could do but accept it. We then were sent the Committee on the Poor and we have restructured that committee and placed it under the Community Health Service Committee and we are now back to where we started with six committees.

You might like to know about Indiana representation in this area and besides my being Chairman of the Council, we have Dr. Sprague Gardiner on Maternal and Child Care; Dr. Frank Green on the Committee on Private Practice and Dr. Lowell H. Steen on Community Health Service. I would like to comment on some of the activities of our Committee on Community Health Care and this is getting right down to what Dr. Olvey was talking about, particularly in the delivery of health services. At the New Orleans meeting we will have a report from this committee on 33 site visits which will point out the type of health care delivery that each of these areas visited is trying to develop. One of the most exciting experiences on health care delivery that I have run into is in Cincinnati. This program involves 18 county medical societies under the aegis of the Academy of Medicine in Cincinnati. It has involved every single health profession you can think of in its whole area. This organization has been in the process of being put together for some five years. I have never seen such a voluminous piece of work and one that is going to work. There is no question about this in my mind.

As you may know, the Board of Trustees appointed me to attend a meeting to observe the activities of the American Association of Medical Foundations. I was impressed by the fact that they are the biggest evangelists I have ever been around. I would not say that foundations are not necessary but I will tell you one thing — if these fellows are ever invited to talk, they will probably sell you on their ideals. There are all kinds of foundations — some accept risks, some accept no risks at all, some won't do anything — but there are a lot of them. There are 34 in existence and many others on the drawing board. From my experience, it might be a good idea for you to start thinking about a foundation.

Dr. Owsley went ahead to discuss some of the activities of the Committee on Community Health Care Financing, the Committee on the Poor and the Committee on the Private Practice.

CHAIRMAN: Thank you, Dr. Owsley. We will now move on to Dr. Alcorn, President, Indiana State Medical Board of Registration and Examination.

DR. ALCORN: Three areas — Chiropractic; Legal opinion; Disciplinary Action. The first matter I would like to discuss with you is the chiropractor problem, which is always with us. I would simply like to make you aware of the type problems we face in chiropractic. The law, as passed in 1950, upgraded licensing and, as a result, we have not licensed a chiropractor in Indiana since it became effective in 1959. There were some licensed under the grandfather law but none have been licensed since. Kentucky has a law for this examination. The other side of the coin is that, having adopted this legislation and the chiropractor passing this examination, puts them in a position of having a basic knowledge and being able to use diagnostic procedures that we have not thought of as being used by a chiropractor, and we have no real way of excluding them from sending their patients to laboratories. This opens an all-new area of controversy — what can we do and what can't we do, such as can we use physical therapy methods or can't we? We probably should call for an attorney general's opinion which very likely would throw the whole thing back to making a diagnosis by using the hands and x-ray and limiting the chiropractor to manipulation. Therefore, we face a decision as to whether we want to upgrade them and not license them or do we want to give them their own basic science examination and let them be licensed and continue to function.

I would also like to discuss the Board's relation to disciplinary problems and the first of major importance is the lack of legal assistance to the Board. We are dependent upon the attorney-general's office to supply our legal talent and during the last administration we had six different assistant attorney generals, none of whom stayed with us as much as a year and none of which was really able to function. From a disciplinary standpoint, our law definitely needs to be revised and we would like to bring it up to the same standard as the uniform practice act as recommended by other states. I think it very important that physicians discuss updating the Medical Practice Act so all may understand what things they want and what things they don't want. For example, some would like for us to suspend a license while we are making an investigation and it usually does take 90 days to sum up the evidence and hold a hearing. I would hope that we might have the complete cooperation of the medical profession in preparing a Medical Practice Act that would be up to date.

Another problem we face is the question of foreign medical graduates. I am sure you have all been reading in the papers some of the arguments and controversy concerning the Board's activity in licensing foreign graduates.

CHAIRMAN: Thank you Dr. Alcorn. We will now call on President-Elect, Dr. Petrich.

DR. PETRICH: Computer Program; Bid for '76 Clinical Session of AMA; Appointments to Commissions and Committees. Due to the tightness of the agenda, I will not take too much of your time today. I will only report as I have promised on the items that you graciously consented to allow me to instigate or investigate at past times. First I will report to you on the computer weekend program. The program is growing by leaps and bounds out of all proportion to anything that we have envisioned initially. At the present time we have approximately 19 or 20 exhibitors who are going to move in their exhibit materials on Friday prior to opening the exhibit on Saturday. Because of these individuals' costs in bringing this kind of equipment to us, we hope that we can continue with an exhibit on Sunday afternoon.

On Sunday morning we are having a formal program of speakers and at the present time we are almost certain to have Dr. Warner Slack and Dr. Sidney Garfield, both of whom are exceptionally well known, knowledgeable, capable gentlemen in the field of computers. The decision to extend, or not to extend, the number of persons attending and variety of this program is one that we will have to decide pending the available space and so on.

The next item has to do with our proposed bid for the '76 Clinical Session of the American Medical Association. We have been encouraged in the immediate recent past by some conversation with members of the Board of Trustees, other than our own members, who feel that we have a very valid point in wanting the meeting moved from Philadelphia at that time. It seems there is a conflict with the Army-Navy game which takes place on Saturday, which is the day, normally, that the AMA would move in. This of course ties up many hotel rooms and so on and creates a problem. In addition to this, the staff apparently has investigated and felt that a change is in order. The Board of Trustees of the AMA will meet on October 20, 21 and 22 and at that time a final decision as to whether or not the firm commitment is made to Philadelphia will take place. If a firm commitment does take place, then we will be "no go" for any of the additional projects that I propose to you. Now if there is an opportunity for us to become, in fact, successful

bidders for this convention in '76, we have done some investigation regarding cost. There is available to us several sources of outside money which I will not elaborate upon at this time; however, the cost of the party (the big affair that we would have in New Orleans) would run approximately $3,000 to $4,000 and the Indiana State Medical Association would not bear the brunt of much of that expense.

The last item I wish to bring to your attention today is that the appointments for the committees and commissions have been made. I have received numerous positive responses with very, very few negative responses. It is a very gratifying thing to know that there are many physicians throughout the state who are interested in becoming active and maintaining their activity and increasing their activity in the affairs of the Indiana State Medical. On Wednesday morning, we will have a brief meeting of the Commission chairmen for organizational purposes, hoping that immediately following the state meeting there will be a series of commissions and committee meetings on an organizational basis. Any and all information that you have due to these projects, whatever you feel falls within the purview of any of the committees and commissions, I would appreciate hearing from you regarding this sort of information.

It's been a good year and I hope that the next year will be as good or better and I want to thank you all for your cooperation and encouragement and support. Thank you.

CHAIRMAN: We will now call on the President, Dr. Scamahorn, for his report.

DR. SCAMAHORN: Hospitality Suite. I would welcome any members of the Board to visit the Hospitality Suite and would particularly like to have this group drop by after the meeting tomorrow evening or Wednesday. Those of you who are hosting out-of-state guests, I would like to have you bring them up on Wednesday evening.

IMPAC Luncheon: I also want to call your attention to the IMPAC luncheon at which the featured speaker will be Donald Rumsfeld who, if you heard the President speak on Friday night, has been made Executive Director of the Council on the Cost of Living. He is the number one man on the Price Freeze Program.
President's Reception

Secondly, the Society of Internal Medicine is having a dinner which will be preceded immediately by the President's Reception. The receiving line will be as follows: Dr. and Mrs. Hall, the AMA President; along with Dr. Petrich and his wife; Dr. Dukes and his wife; Mrs. Chernish, President of the Auxiliary and her husband; as well as Wilma Jean and I.

Preceptor Awards: Dr. Irwin has previously announced the plans to make awards to the preceptors at the President's luncheon and Dr. Annis will be the speaker. I urge you all to attend this function.

Request of Philip Willkie: I also want to report to you that Mr. Philip Willkie called me and requested permission to appear before the House of Delegates and I have since received a letter saying he would like to appear before the Medical Association at any general meeting or at any regular committee meeting. He points out he would like to (1) ask the Association to back his proposed plan. This is to repeal the requirement of two years of post-graduate training by foreign medical graduates prior to taking the State Board. In asking him if his comments were to include any new material, he pointed out that this requirement is not required of United States educated physicians and therefore is unfair to foreign medical school graduates.

(2) He would like to bring the following new material. He wants to discuss an English-type examination of these foreign graduates. He discussed the resolution, which will be introduced by Dr. Frank Green, which would place the Association as going on record asking the U.S. Defense Department to release at least 25% of the 12,000 physicians who are annually required to go into the military service, if the physician agrees to serve in a deficit rural or inner city area as a general family physician. The period of time served in such an area would constitute fulfillment of equal time in the military service.

So he has a request to rehash the old material and the request to present two new subjects. I suggested he take five minutes on each subject and it would have to be new material. As you know, the Medical Board listened to Mr. Willkie and Mr. Campbell and has reaffirmed their interpretation of the law which is the same as it has been, so I personally recommend that we not endorse the Willkie Plan, as he calls it. I would move that he may have five minutes at a maximum on each subject (1) the FLEX examination information and (2) the U.S. Department of Defense matter, and that this be done before the Reference Committee on Tuesday afternoon.

The President's motion was seconded by Dr. Ingram, put to vote and carried.

CHAIRMAN: We will now call on Dr. Hoyt to give his Treasurer's Report.

DR. HOYT: I call your attention to the fact this is the first time in history we have had a closing report for the year in order that we might give you an unaudited statement during the annual meeting. This is possibly due to the decision you made a year ago to subscribe to a total computer accounting system and partly because we have an especially good bookkeeper who can put things together.

I also call your attention to the General Fund which at this point shows a book profit of $20,000 which sounds pretty good but when you remember the General Fund makes up the deficit of The Journal, which means we subtract some $14,000, the net result is that we show a black figure of $5,950.36. Our annual fund balance to all funds amounts to $193,509.

The next page shows a summary of income and expenses and these figures are broken down on subsequent pages of the report. In analyzing the reduction in interest income I went back to review what kind of interest we are getting. Much of our funds are put into treasury bills and, since December of 1969, treasury bills have been paying 7.9. As of January of this year, they were paying 4.2 and in October of 1971 they paid 4.5, so this perhaps accounts for the lesser income from interest than the previous year.

Another item I would call attention to is exhibit income which amounts to $13,795 compared to $18,000 the year before, which is in line with what Jim has been telling us and that is that this source of income is dropping off.

Now, for some good news let's look at the expenses of the commissions and committees. This year they spent $18,000 compared to the previous year's expenses of $37,000. The Board and officers' expense is also down about $8,000. Then, of course, we have office expenses of $343,000 compared to $326,000 as budgeted and we will see the analysis as to just where they differ on a later page.

I call your attention to the expenses of the Ad Hoc Committee on Blue Shield only to remind you that whenever the House of Delegates passes some kind of a motion to take on a new kind of activity, it does cost money.

Dr. Hoyt continued to go over in detail the various accounts of the association. Following a brief discussion, on motion of Dr. Hoyt and a second by Dr. McIntosh, the report was approved.

DR. DUKES: We will now call on Dr. Ramsey, editor of *The Journal*.

DR. RAMSEY: I have a few observations to make about the financial part of *The Journal* fund. We are in the deficit more this year than we planned and the total deficit is $15,000. This is not quite as bad

as it sounds and does not denote bad management because, in the first place, the budget was set up to be a deficit budget. Many factors went into increasing the anticipated budget such as salaries, extra help, payroll taxes, printing, and sales of reprints last year that were not made this year. I believe next year we would be able to come a little closer to facts concerning income and expenses.

CHAIRMAN: Report of AMA delegation. We will now ask for the AMA delegates' report and will call on Dr. Senseny.

DR. SENSENY: I do not have a formalized statement but I would like to point out a few things. The trustees and the House of Delegates have a right to be basically proud of the Indiana delegation. I am not only speaking of the delegates and alternate delegates but of the top leadership. Guy Owsley today alluded to the fact that Indiana does have good representation. He has three members on various committees of the Council on Medical Services. Over and above this, I might mention to you that Dr. Sprague Gardiner is now a delegate on the Section on OBGYN; Dr. Myron Nourse is a delegate on the Section on Neurology; and Dr. Lall Montgomery is a delegate on the Section on Pathology. So, in effect, this gives Indiana eight voting delegates at the AMA meetings.

Dr. Don Wood, as you all know, is now a member of the Board of Trustees and I would project that within the next few years will be Chairman of that Board. He is a very highly respected man and we know he will do a good job.

I have one idea which I would like to present to you today, reminding you it has been some five years since Indiana has had any office on this level other than the fact that Dr. Wood is now on the Board of Trustees. I have had a previous conversation with Dr. Owsley relative to the possibility of his running for Vice-President of the AMA. I am presenting this to the Board of Trustees for their consideration. I do not need to review the many accomplishments and dedicated service which Dr. Owsley has given to organized medicine throughout the past many years and, if this Board concurs, we would like to begin doing something about his candidacy and I think this should be announced prior to the meeting in New Orleans.

Following a discussion, the motion was made by Dr. Goodman and seconded by several that the Association endorse Dr. Owsley for Vice-President of the AMA. The motion was put to vote and carried.

DR. DUKES: The president has entered the meeting. We will now have his report.

DR. SCAMAHORN: While in Michigan attending their annual meeting I had a discussion with the president of Wisconsin and the president of Illinois concerning the organization of a Great Lakes Conference. Wisconsin informs me that they are unhappy with the North Central and would like to join with Michigan, Indiana, Illinois and Ohio to organize a Great Lakes Conference, because it is felt that the states this would involve have more in common than some of the states in the North Central conference. Plans are progressing and discussions are continuing on this item and I believe Dr. Petrich plans to try and get these people together at the time of the meeting in New Orleans.

Unfinished Business: Reception for AMA Delegates. Dr. Petrich explained the plans for a reception for the delegates to the AMA at New Orleans providing the Board of Trustees agrees to reconsider relocating the 1976 Clinical meeting in Indianapolis rather than in Philadelphia.

Blue Shield Board

The matter of the vacancy on the Blue Shield Board was deferred.

IMPAC Board Member 1st District

Member of the IMPAC Board from the 1st Congressional District was discussed and, on motion of Dr. Santare, Dr. David Harvey of Hammond was nominated to replace Dr. Seymour Shapiro, who has resigned. The motion was duly seconded, put to vote and carried.

Trust Committee Ind. Medical Education Foundation

Attention was called to the fact that Jack Hall of Indianapolis and Joe Dukes of Dugger had terms which expired on October 31, 1971, as members of the Trust Committee of the Indiana Medical Education Committee. On motion of Dr. Petrich, seconded by several, Dr. Hall and Dr. Dukes were elected for an additional term.

Matters Referred by the Executive Committee

Matters referred by the Executive Committee were deferred until the meeting of the Board the following morning.

Reports of Trustees

The 11th district was reported as having a meeting on the third Wednesday in September in Kokomo and the 13th district reported their meeting will be held the second Wednesday in September at Michigan City.

Reports of Board Committees

Physician's Assistants Committee—Dr. Petrich. I feel the work of the committee should continue for a while until certain definitive results have been obtained. In much conversation and study during the past year regarding assistants the following points are apparent to me.

(1) They are being used with increasing frequency. Many are not trained past their service time but are given additional practical education by on-the-job training. (2) The variety of formal training programs concerning both time and content make it impossible to equate individual programs one with the other. (3) The working physicians consider assistants to be adjunctive and not replacements for physicians. (4) Where there have been nurse-patient differences, these have been initially resolved by cooperative efforts by all parties. (5) Continued investigation in its total power should be the duty of ISMA and, last but not least. (6) some form of certification should be established through the Medical Board of Registration and Examination in order to give additional professional status to these people.

I would present to the Board of Trustees that the activities of this committee not be terminated and, Mr. Chairman, I so move that this committee be continued. The motion was duly seconded, put to vote and carried.

Committee to Study Streamlining of Convention

DR. SANTARE: We have nothing to report except that we did receive information from Mr. Waggener and it seems to me that Indiana is stream-lined compared to other states in which some business is actually transacted. In discussing this with Dr. Waife, who was Chairman of the Convention Arrangements this year, he suggested that our committee wait until the end of this convention before any suggestions are made. I would presume that we should continue this committee. The motion was made by Dr. Petrich and seconded by Dr. Wilhelmus, put to vote and carried that the committee should be continued.

Economic and Organization Matters

The Board reviewed the membership report showing the comparison between members in September of '70 and '71 with the total members as of December 31, 1970. The report was adopted by consent.

Election of 2 Members to Editorial Board Editor and Associate Editors

On motion of Dr. Santare and Dr. Goodman, Dr. Alvin J. Haley of Ft. Wayne and Dr. Wei-Ping Loh of Gary were re-elected to the Editorial Board.

Election of editor and five associate editors to the Journal for the year '71-'72, on motion of Dr. Goodman and Dr. Petrich, Dr. Ramsey was elected Editor; Dr. A. W. Cavins; Dr. Lall G. Montgomery; Dr. David A. Bickel; Dr. Samuel R. Mercer; and Dr. J. W. Wilkens were re-elected associate editors.

CHAIRMAN: Dr. Gosman, I believe you said you had a few remarks.

DR. GOSMAN: I would like to point out that we are in the process of developing a system in the Indiana Chapter of the American Cancer Society where you can dial and get an answer on any cancer problem that you wish. The Cancer Society would like to have the approval of the ISMA to proceed with this project and it will be handled at no expense to the ISMA. Approval was given by consent.

IRMP Goals

Indiana Regional Medical Planning has been undergoing a lot of "soul searching" and they have changed their goals somewhat from what they used to be. Recently we had a visit from Washington and we told these people we feel that they are changing the rules and regulations too much, which has been very disturbing in the Indiana situation. I have also learned this has been the case throughout the country in what we basically plan to do and make us change into nine regions and have people from the home office go to these regions and attempt to generate programs from the grass roots up rather than from Indianapolis down. This is the basic major change in the goals. We have made several surveys and a copy of all of these are on file in the headquarters office. The basic thing in changing the goals is that the entire attitude which leads me to believe that the feeling of the ISMA has definitely been felt at this level. RMP in Indiana will become more of an advisory group I feel certain than it has in the past in all aspects of the program. I feel it will become advisory to the Comprehensive Health Program effort more than anything else.

CHAIRMAN: Reference Committee Appointments. We will now move back to item D (3) regarding assignments of the trustees to Reference Committees. I will be glad to accept volunteers. The following assignments were then made on resolutions to be reported back to the Board by the following: Dr. Wilhelmus — Resolutions 1 and 2; Dr. Goodman 3 and 4; Dr. Reid 5 and 6; Dr. McIntosh 7 and 8; Dr. Smith 9 and 10; Dr. Gosman 11 and 12; Dr. Schuster 13 and 14; Dr. Ingram 15 and 16; Dr. Sholty 17 and 18; Dr. Santare 19 and 20; Dr. Hillis 21 and Dr. Clark 22.

DR. SCAMAHORN: As you know, Mrs. Scamahorn is having most of the ladies for Tea this afternoon in the Hospitality Suite. If any of you would like to drop by before the Board Dinner tonight, you will find us on the 18th floor in the Governor's Suite. Tomorrow evening we would particularly like to extend an invitation to you and your ladies to drop by after the program; and, on Wednesday evening, those of you who are hosting out-of-state guests, we would like for you to bring your guests to the Hospitality Room on Wednesday evening after the program.

Tuesday Morning Session

October 12, 1971

DR. DUKES: We will have a report from the Board Finance Committee, Dr. Wilhelmus.

DR. Wilhelmus: The House of Delegates last year asked the Board to come up with a resume of the financial structure with regard to dues and the Fiscal Committee of the Board would like to present this to you at this time. "The Board of Trustees would not recommend any dues increase for the coming year. However, with great diligent work the Board of Trustees attempted to keep the expenses to a minimum. However, uncontrollable expense in publishing and other programs of the ISMA Journal have increased, and so we have a deficit of $14,449.54. This expense is due to increased salaries; postage and printing. Also the number of technical exhibitors has caused a considerable loss of income. Most of the bookkeeping is being done by computer which gives a complete printout which can be easily interpreted. The complete financial statement will be published in a later issue of The Journal. Mr. Chairman, I would like for the Board to act on this and present it to the House of Delegates."

DR. DUKES: The motion has been made and seconded. All in favor say "aye" and, opposed, the same sign. The motion was carried.

Dr. Sholty, did you say you had a resolution you wanted to present to the Board?

DR. SHOLTY: I realize this is a little late for introduction of a resolution and Frank Woolley had a little something to do with this. I think you all know him. I will read it to you rapidly. Subject: Flow of Illicit Drugs From Communist China.

WHEREAS: The rising problem of drug abuse, especially narcotics, is of increasing concern to all Americans and especially to physicians, and

WHEREAS: The United States government with state and local help has many established programs to combat this problem. And

WHEREAS: President Nixon, recognizing the urgency of the situation, has taken active and positive leadership in introducing his four point "National offensive on this problem" including: curbing drug sources, prosecuting pushers, rehabilitating addicts, and educating the public. And

WHEREAS: China has long produced opium as a cash crop and Communist China, since 1951 has exported opium as a national policy and maintains a Cabinet Officer in charge of their world-wide illegal drug traffic until they are now the world's foremost producer of opiates. And

WHEREAS: As physicians we must oppose any actions detrimental to the health and well-being of our patients and oppose any activities which would increase the dangers of greater narcotic traffic. And

WHEREAS: President Nixon's proposed visit to Communist China could pave the way for U.S. recognition and for U.N. participation by these international criminals, resulting in increased opportunities for their smuggling which would result in undermining efforts to curb this illegal traffic. Therefore

BE IT RESOLVED THAT: We, the members of the Indiana State Medical Association respectfully request President Nixon to specify as one of the conditions for his visiting Communist China that it join with other nations in combating rather than promoting the narcotics traffic. And

BE IT FURTHER RESOLVED THAT: This resolution be forwarded to the American Medical Association for their consideration and concurrence.

CHAIRMAN: It has been moved by Dr. Sholty and seconded by Dr. Clark that this resolution be submitted to the House of Delegates from the Board. All those in favor say "aye" and, opposed, same sign. The motion was carried.

DR. DUKES: Does anyone have any comment on the resolutions that are coming before the House?

DR. SCHUSTER: Resolution 71-14. I call your attention to resolution 14 as it is really a significant resolution and I want to speak briefly about it because it will probably bring out a lot of discussion in the Reference Committee. This resolution deals with Continuing Medical Edu-

cation requirements for ISMA and it is kind of a package deal with resolution 71-15. This is really just like the Academy of General Practice requirement of 150 hours of accredited postgraduate education. I think this is something that, in general, is very good and we should support and encourage it. I believe it is the coming thing all over the country, as the resolution points out.

It resolves that the Commission on Medical Education establish a statewide mechanism for accrediting non-university programs following the guidelines of the AMA Physician's Recognition Award. The next resolution deals with the appointment of a sub-committee to draw these guidelines and I think one of the questions which may come up is "what should this subcommittee do?" "Will this be a means of all physicians being prepared in all fields of medicine or is it going to deal with whatever field the physicians is in?" The other thing is that the resolution recommends that these guidelines be established by April of 1972. The Commission on Medical Education certainly knows a lot about this and maybe they can get this all lined up by then but it is a fairly short time. There then is the matter of the House of Delegates acting on this a year from now in 1972. At that time the issue that the House of Delegates must face is they will be requested to make mandatory participation in this program and again this will arouse discussion. I do not know how it would work exactly unless they do get it on a mandatory basis although most of us dislike being forced to do things. I suppose this is the only thing you can do and this may bring up the matter of some loss of members in the association. I further believe this is only the forerunner of more forceable action on the state basis which may require physicians to accomplish this postgraduate training in order to maintain their license to practice. This, as I understand it, has already taken place in some other states. I just want to mention this particular resolution because I believe it is something that is important, not just for this year but for all years to come.

DR. DUKES: Thank you, Dr. Schuster. We will now call on Dr. Scamahorn.

DR. SCAMAHORN: Nursing Home Visitation W. A. The Woman's Auxiliary came to me with what I thought was a very challenging and worthwhile project. I personally gave them permission to proceed to investigate the possibility of this program of helping the nursing home situation in Indiana, both as a cheer type of thing with some type of visitation. You may remember that Dr. Offutt referred to this in his remarks yesterday and I have asked Mrs. Chernish, our Woman's Auxiliary president, and Mrs. LaDine, who has taken charge of this program, to be present this morning and further discuss this project. I would like to introduce Mrs. LaDine and Mrs. Chernish and I believe these ladies are asking us for our support and approval.

MRS. LaDINE: Sometime ago there was a series of articles running in the Indianapolis News about the condition of nursing homes in Marion County. A reporter writing this series had visited many homes, sceing all types from excellent to extremely poor. In contacting Dr. Offutt the reporter learned that there were only 10 inspectors for all nursing homes in the state and it was impossible for those 10 people to get around all the time. Well, the Governor became interested in the program and asked Mrs. Chernish if the Medical Auxiliary might consider taking this on as a project, not as inspectors by any means but as visitors and perhaps as observers. The idea being that two of our Auxiliary members might go together to visit a nursing home. They would be introduced ahead of time by Dr. Offutt. Our idea is to become sort of a liaison you might say. We will work with the administrators in the nursing home and visit patients, and by all means these people need visitors and many of them will tell us their imaginations rather than give us honest facts concerning their care and treatment, so it will be up to us just to visit and observe. It is planned that if the visitor sights something that, we feel, needs correction we will speak to the nursing home administrator about it and if, on the second visit, it has been corrected nothing more will be said. The visitation teams are to report to me, as chairman of the committee, and then I propose to report in writing to Dr. Offutt. Dr. Offutt has drawn up this little paper, of which all of you have a copy, and this sets forth what he thinks we should do and this is strictly his own thinking and we go along with it 100%. The one thing I want to stress is that we are not going to be inspectors—we are not licensed at all. We do not intend to make a nuisance of ourselves. If we find this is happening, we will drop the program immediately but we would like to have your approval and we have to have it as we won't do a thing in this program until we do have your approval.

MRS. CHERNISH: I might add I have just had the opportunity to visit four County Auxiliaries and I did mention this project to them. I have had this contact from the Governor prior to my starting on my visits. In each of the Auxiliary sessions held this was discussed and they were most enthusiastic which frankly surprised me. I have since had telephone calls from women who have discussed this with their husbands stating their husbands were very enthused about this proposed program. They did feel there should be an orientation program as they did not feel qualified to go out on their own and do this at this time. Dr. Offutt has promised that if we decide to undertake the program he would be very happy to arrange for orientation sessions for the Auxiliary to be held in South Bend, Gary, Richmond, Ft. Wayne, Evansville, Jeffersonville, Terre Haute and Indianapolis.

The report was discussed by Dr. Scamahorn, Dr. Ingram, Dr. Petrich, Dr. Hillis and Dr. Hoyt.

DR. HILLIS: Mr. Chairman, I move that this project be tabled until further study. The motion was seconded and Dr. Hoyt then pointed out that under the Rules of Order by Sturgis, which has been adopted by the association, there is no such thing as tabling. The motion may be postponed temporarily; postponed to a definite time; and postponed indefinitely. If Dr. Hillis means to postpone indefinitely, then it is open for discussion.

DR. DUKES: Dr. Hillis, do you wish to withdraw your motion?

DR. HILLIS: I will withdraw my motion.

DR. McINTOSH: Due to the legal implications which have been brought up, I do not think this matter should be acted upon hastily. I do not believe it has to be done today. It should be looked into thoroughly. Therefore, I move to table the motion for 48 hours until we have time to look into it and receive legal opinion. The motion was duly seconded, put to vote and carried.

The motion was further commented upon by Dr. Scamahorn, Dr. Bowen, Dr. Goodman, Mrs. LaDine and Mrs. Chernish.

DR. GOODMAN: Mr. Chairman, I would move that the Board of Trustees give their blessing to a program on nursing home visitation.

The motion was lost for lack of a second.

DR. PETRICH: I would move that the chairman appoint a committee to study the aspects of this program in the interim of 48 hours and come back with some concrete suggestions.

DR. GOSMAN: Along that same line, I was wondering if two days is not too short a time to get into this as we should.

Dr. Petrich's motion was seconded, put to vote and carried.

DR. DUKES: I will appoint Dr. Bowen, Dr. Goodman, Dr. Sholty and Dr. McIntosh to serve on this committee and if they can come up with a reasonable answer in 48 hours, OK; and if not, we will delay

it further, if this meets with the approval of the Board.

Dr. Scamahorn expressed his appreciation to Mrs. Chernish and Mrs. LaDine for visiting with the Board.

Dr. Scamahorn then introduced Dr. John Robechek, President of Ohio State Medical and Dr. Harry Weeks, of the West Virginia State Medical Society.

DR. SANTARE: Memorial Resolutions. I call the attention of the Board that in the past year we have lost two stalwarts of the ISMA and I have two memorial resolutions which I would like to read at the conclusion of the House of Delegates, one for Dr. G. O. Larson of LaPorte and the other one on Eli S. (Jack) Jones of Hammond.

DR. DUKES: Before we recess until tomorrow morning at 8:00 a.m. is there anyone who wants to make a comment on any of the resolutions?

The comment was made concerning the resolution calling for allocation of $3.00 of the dues to the Commission on Convention Arrangements, the question being that it is not clear whether it is an allocation of the present dues or adding to our present dues.

DR. HOYT: I would say we would have to oppose it if we are going to take it out of our present dues structure.

DR. PETRICH: I would move that we continue in the previous line that we have had; when additional funds are necessary for speakers, that the Convention Arrangements Committee appear before the Board and request an additional budget for this. The motion was put to vote and carried.

DR. DUKES: We have one past president with us who, I understand, is the oldest living past president of the association, Dr. Herman Baker of Evansville. Will you please stand, Dr. Baker.

If there is no further business, we will recess until 8:00 a.m. tomorrow morning in this same room.

Wednesday Morning Session

October 13, 1971

DR. DUKES: We will now hear a report on matters referred to the Board by the Executive Committee.

DR. KERR: Group Travel. As you are well aware, the association did a survey of its members and 67% of those replying favored the association getting into the group travel business. You may further remember that a committee has been appointed to look into this and report back to the Board at this meeting. The report was made to the Executive Committee, which has recommended using the Intrav organization, and we plan a trip to be labelled "Scandinavian Adventure" for the Spring. The state association has no liability and the clerical work required by our office staff, the association will be reimbursed for this work by Intrav.

DR. DUKES: I take it, then, that the Executive Committee is seeking approval of the Board to proceed to advertise this Scandinavian Adventure.

The motion for approval was made, seconded, put to vote and carried.

DR. PETRICH: I would like to bring up an item of business that deals with the Woman's Auxiliary and the liaison representative to that organization. Dr. Kerr, with much regret, has asked to give up this responsibility and it becomes necessary to seek another member of our group to serve in this capacity. With the permission of the chairman, I approached almost everybody and I found one man who is interested and his wife is very interested in the affairs of the Auxiliary. That man is Dr. William Sholty of Lafayette and he has agreed to serve in this capacity if it meets with your approval. The approval was taken by consent.

DR. KERR: Car Leasing. Again referring to the survey, a large percentage of our members expressed interest in the state association at least investigating the possibility of providing a car leasing arrangement for the members. We have two representatives, one from the Ohio State Medical Association and one from the leasing company with whom they do business, present at this meeting this morning. You will see from the program being operated by the Ohio State Medical Association that you can rent anything from a Mark IV down to a Volkswagen. These leases are on a two-year basis through the Immke Circle Leasing Company of Columbus, Ohio. Their experience in the past two years with this program has, I understand, been highly successful. They do not pay maintenance costs. The car would be titled and registered in Indiana. You do pay the excise tax and at the end of two years you have an option to buy the car. They have a 40,000-mile limit with a 3% overcharge if you drive over 40,000 miles. You can buy insurance through them or your own local agency. We also have copies of the lease arrangements. The Executive Committee wonders if you want us to go further with this thing or just leave it.

DR. PETRICH: I move that we continue the investigation and report back to the November meeting of the Board. The motion was seconded by Dr. Santare, put to vote and carried.

DR. KERR: Welfare Forms. We had before us on Monday morning Dr. Wilkens and Dr. Harry Kitterman. These two gentlemen are both retired from their active practice of medicine but have served as a Medical Review Board for the Indiana State Department of Welfare. They have run into a difficult and professionally troublesome situation. Most of you are familiar with this form that comes out from the Welfare Department. As you know, it says "This is for the determination of permanent and total disability, medical evidence, confidential." It has been treated that way until March of this year. A lady who had been denied disability payments on the basis of medical evidence or for the lack thereof, brought suit against the Department of Welfare. A ruling by Judge Kuykendall that this information in the file was no longer a matter of confidentiality and that these records must be made available to the plaintiff, the plaintiff's attorney or anybody else apparently who had a reason to be interested in it. This is not for this particular case but has been ruled a class action and, as it stands now, all the physicians who fill these out and the two gentlemen on the Review Board may be subjected to suits forcing them to reveal medical information in the files of these applicants.

It has been pointed out that, on occasion, careless comments have been made by the examining physician. One would think that physicians would know better but it is not necessarily so. One thing for certain is that, while it may be the truth, it will not go kindly for you in court. We have suggested to these gentlemen that in large red type it be called to the attention of the examining physician that this is no longer confidential material and that all physicians be notified of this. They, however, ask us to bring suit to enjoin Mr. Sterrett and the Welfare Department from releasing any of this information. We have sought legal opinion from our association attorney who stated that he believed the appellate court would probably hold trial of this review by the applicant violates the due process concept of fairness and Indiana's laws of civil procedure and further points out from Superior Court cases concerning discovery of evidence. From a letter we have, it does not seem likely that if we would bring suit such an injunction would be assured by the courts. We would like to have the reaction of the Board.

A lengthy discussion ensued.

DR. SCAMAHORN: I move that we immediately advise the members of the facts of this case and call their attention to the fact this is no longer confidential but the information is available to the patient and his lawyer and any person who needs to see the records. The motion was duly seconded, put to vote and carried.

DR. PETRICH: His motion, as made, is that the State Association do this or the Welfare Department do this for the State Association.

DR. SCAMAHORN: I think that we could ask the Welfare Department to circularize the letter, but I think this is a responsibility that we do have to our own members immediately.

DR. REID: Dr. Reid then discussed the matter of confidentiality and malpractice and storage of medical histories on computers and particularly in the multiphasic screening areas. We have received the opinion of the AMA Legal Department and some others and nobody at this point, as far as we can tell, really knows whether there is confidential information whatsoever in these records and it has completely altered our approach to storage because presumably we could be called upon by any number of people to disseminate information from histories as long as there is not an intent to treat the patient who presented themselves for an examination.

DR. SCAMAHORN: I would like to make a second motion. I would move that we do not enter into the suit because we would spend a lot of money and our counsel feels that we would be wrong in the suit or that we would lose the suit. Therefore, I urge, even though we are sympathetic to these men and we appreciate their bringing this matter to our attention, that we do not spend any money down a rat hole.

DR. DUKES: Any further discussion? The motion has been made by Dr. Scamahorn, and seconded by Dr. Hoyt. The motion was put to vote and carried.

DR. SCAMAHORN: I would like to interrupt our proceedings at this time to introduce Dr. George Behnke of Wisconsin who is President of the Wisconsin Medical Society. George, do you want to make any comments about our recent discussions with respect to forming a Great Lakes Council of several of these midwestern states.

DR. BEHNKE: North Central or Great Lakes Association. As you probably know, Wisconsin has belonged to the North Central Association, which includes Minnesota, North and South Dakota, Iowa and Nebraska. We sort of feel Wisconsin's interests are very much the same as Illinois, Michigan, Indiana and, possibly, Ohio and there have been overtures in the past that a Great Lakes Conference or a Lake Central Conference or something else be formed. Let us not forget that the AMA is the Clinical body and we have two rather large delegations who have rather dominated in some of the activities and I think we need to get together. I think it might be well for us, at least Wisconsin, Illinois, Indiana and Michigan, and if Ohio wants to go along, I think we should make some overtures to get our delegations together to consider some kind of an alliance.

DR. KERR: The Executive Committee has received a letter from Dr. Soper addressed to Dr. Kintner. Dr. Kerr then read the letter before the Board of Trustees.

The contents of the letter was discussed by several. Dr. Scamahorn then moved that we accept the report and refer it back to them for implementation and present them their final program for approval. The motion was seconded by Dr. Clark, put to vote and the motion was carried.

DR. KERR: SAMA RAP Session. We have some information now from Dr. Hanus Grosz, member of the Commission on Special Activities with the recommendation that we sponsor twice annually a SAMA Rap Session to be held at the headquarters of the association. We refer this matter to the Board for your decision as to whether we approve this request or disapprove it.

The matter was discussed by Dr. Hillis, Dr. Thatcher, Dr. Dukes, Dr. Ingram, Dr. Clark, Dr. Schuster.

DR. CLARK: I move that, since we do have a similar set up for this implementation of their ideas through the annual student retreat, we do not approve this recommendation. The motion was seconded by Dr. Ingram, put to vote and carried.

DR. KERR: Incorporation of County Medical Societies. One more matter, a legal one. You may remember we were requested to obtain a legal opinion concerning incorporation of county medical societies. I have here a letter from our legal counsel, Stewart, Irwin, Gilliom, Ford and Meyer, which I will read for you.

We do not feel any action is needed, but this is being given to you for your information, by recommendation of the Executive Committee.

DR. SCAMAHORN: May I suggest that we include that in a mailing to the County Medical Societies. I propose that it be added to the next mailing that goes to county medical society officers.

The matter was discussed by several and Dr. Scamahorn then withdrew his motion.

DR. DUKES: We will take it for information at the present time. Is there any further business? How about the report on the Auxiliary? That matter then will be on discussion for tomorrow.

DR. HARSHMAN: Blue Cross Meeting in Kokomo. Last Tuesday night I had two meetings to attend dealing with Blue Cross, one at Kokomo and the other in Indianapolis. I did not have any reason to leave town so I stayed in Kokomo. We had a young law student there that came to talk to our long range planning council and he brought up two items. First, having to do with Comprehensive Health Planning. As you know, Blue Cross has underwritten the Indiana Hospital Association Planning Group to the tune of about $60,000 a year. I do not know how many years this has been going on but it has been for at least three years. He informed us that the $60,000 no longer goes to IHA but instead they would underwrite Group B Agencies of the Comprehensive Health Planning Program. Now these are the district planning agencies. I think there are four that are presently funded receiving Federal funds and state funds. In order to obtain Federal funds, you have to have local matching funds. This is for your information.

The second point brought out in our meeting was that Blue Cross was exploring the possibilities of becoming an HMO operation. Today the members of the Medical Advisory Committee were handed this recommendation and it came from the Blue Cross Executive Committee. I will read it to you. Dr. Harshman proceeded to read the communication.

I merely give you these two items for the information of the Board.

DR. DUKES: Any discussion?

The information was further discussed by Dr. Neumann, Dr. Black, Dr. Santare.

DR. DUKES: We will take this as information. We have a report from the Blue Shield which we are going to pass out to you to read for information and we will discuss it then at a later time. Now these reports we wish you would not destroy. I think they really ought to go to your County Medical Society and we will try to supply the Ad Hoc Committee Report to them to go with them so that whoever reads them has both sides of the story. Any further business?

DR. SCAMAHORN: We had a nice group at the headquarters room last night and we invite you all to drop in tonight if you like, after the dinner. We will have the President's Reception from 5:30 to 7:00, which will be followed by the dinner for the Society of Internal Medicine. I wish all of us could get out and support the Scientific Meetings.

DR. SENSENY: I would like the Board's permission to begin within the next two or three weeks to get out some information on Dr. Owsley as our candidate for Vice President of the AMA.

DR. DUKES: I am sure that permission is granted and, if there is nothing else, we will meet here again tomorrow morning. We will have the reports of the Reference Committees ready and be ready for discussion on these reports. We will recess then until tomorrow morning.

Thursday Session

October 14, 1971

The Board convened on Thursday morning, October 14, 1971, with Dr. Joe Dukes, Chairman, presiding.

DR. SCAMAHORN: Dr. Scamahorn made a few remarks to the Board as retiring president of the association and pointed out that he felt the association had gained favor with the exhibitors by inviting them to the President's Reception and to hear Donald Rumsfeld speak at the noon luncheon. He stated he hoped that this might be made a regular event as far as the exhibitors were concerned. They seemed to appreciate this type of program much more than a cocktail party of their own. I would also at this time like to introduce Dr. John Harter, President of the Kentucky Medical Association.

DR. DUKES: This meeting winds up the sessions of the Board for this present year and I think we should hear from a couple of members who are retiring.

DR. SMITH: As you gentlemen know, I am now residing in Phoenix, Arizona. Dr. Dukes even offered to have the whole Board come out and have the meeting around my pool and I informed him that my rates would be cheaper than the Hilton but not much. It has been a pleasure to work with you gentlemen. I really enjoyed it and I am leaving with mixed emotions. I will always have a place in my heart for Indiana, having spent 25 years in one city. If any of you ever get to Phoenix, I am in the phone book. Drop by and I will serve you a Pepsi.

DR. DUKES: Dr. Reid, this looks like your last trip too. Would you care to make a few remarks.

DR. REID: My comments do not relate to this being my last trip. I ask your indulgence for a few minutes, if you can manage this, for a brief progress report on computerized medicine. As you know, this marks my fourth year of activity in this particular area.

Dr. Reid went ahead to explain the progress his program had made in computerized medicine. He said "I can't resist repeating, knowing that probably it won't sink in very far with most of you, but I can't resist emphasizing again the importance of the computer program to the profession in the next few years. These programs are fundamentally the practice of medicine and there is no way a bookkeeping facility or hospital medical records department or any other facility or organization can provide this service. Physicians should have the management control over this type of program."

Dr. Reid further explained his operation was open for investment and closed by stating he had certainly enjoyed the companionship with the Board members and he would miss it very much.

DR. PETRICH: I want to make some public recognition right now that the weekend of November 13 and 14 would not even be on paper without the help of Bob Reid, who has contacted so many people in this area that he makes it a lot easier to obtain these firms for exhibits and to talk to us. I want to thank you publicly for this, Bob.

DR. DUKES: Dr. Gosman, you will be retiring as a trustee but it seems certain that you will assume the office of president-elect.

DR. GOSMAN: In this last meeting as a member of the Board of Trustees, every place I have gone following Pete around in these last few days trying to get my feet on the ground it has always seemed a little bit presumptuous but I guess at that point we felt that it looked safe. One does not even think about accepting this position without a great deal of apprehension. While some of my colleagues have been urging me to be a candidate for president-elect for the last three or four years. I felt that I needed more seasoning along the line and I certainly have gotten a lot of that seasoning by sitting on this Board. It has been a pleasure.

DR. DUKES: We will now proceed with the reports of the trustees who sat in on the Reference Committees.

Trustees Reports On Reference Committees

The trustees then discussed the actions of the Reference Committees and some of the comments made before these committees by many of the members.

A good deal of discussion was had on resolution 71-9 dealing with restrictive covenants. By motion duly made and seconded and carried, Dr. Santare was to discuss this resolution on the floor.

Dr. Schuster then discussed resolution 71-18 and, by consent, it was agreed that Dr. Schuster should propose an amendment for clarification on the floor.

There being no further business, the Board adjourned to meet again at the conclusion of the final meeting of the House of Delegates.

Organization Meeting of the Board of Trustees

October 14, 1971

The organization meeting of the Board of Trustees was held in the Shrine Club immediately following conclusion of the final meeting of the House of Delegates.

By action porperly taken, Dr. Donald Kerr of Bedford and Dr. Wilbert McIntosh of Riley were re-elected as members of the Executive Committee. By secret ballot, Dr. Joseph Dukes was re-elected Chairman of the Board of Trustees.

The following were welcomed as new members of the Board: Dr. Jack Shields, Dr. John Butler and Dr. G. Beach Gattman.

There being no further business, the meeting was adjourned to meet again at 6:00 p.m. Saturday, November 13, in the Headquarters building in joint session with the delegates and alternate delegates to the AMA.

BOARD OF TRUSTEES

November 13, 1971

The Board of Trustees of the Indiana State Medical Association was called to order at 6:00 p.m. on Saturday, November 13 in the association headquarters building by the chairman, Joe Dukes, M.D. Roll call showed the following:

District	Trustee	
1	Gilbert Wilhelmus	Present
2	Joe Dukes	Present
3	Eli Goodman	Present
4	Jack Shields	Present
5	Wilbert McIntosh	Absent
6	Paul Inlow	Present
7	John O. Butler	Present
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	William Sholty	Present
10	Vincent Santare	Present
11	Lowell Hillis	Absent
12	William Clark	Present
13	G. Beach Gattman	Present

Alternate	Trustee	
1	Raymond Newnum	Absent
2	Betty Dukes	Absent
3	Thomas Neathamer	Absent
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6		
7	Joseph F. Ferrara	Present
7	Joseph C. Kerlin	Absent
8	R. D. Williams	Absent
9	Max Hoffman	Present
10	Thomas Tyrrell	Present
11	James Harshman	Present
12	Walter Griest	Present
13	Donald Chamberlain	Present

Officers:

Peter R. Petrich, president	Present
James Gosman, president-elect	Present
Lester Hoyt, treasurer	Present
Hugh K. Thatcher, asst. treasurer	Present
Frank B. Ramsey, editor of *The Journal*	Present
M. O. Scamahorn	Present
Maurice Glock	Present

Executive Committee:

Donald M. Kerr	Present
Wilbert McIntosh	Absent

Delegates and Alternate Delegates to AMA

Eugene F. Senseny	Present
Frank H. Green	Present
John S. Farquhar	Present
Jack Shields	Present
A. Alan Fiseher	Absent
James A. Harshman	Present
Eugene Rifner	Present
K. O. Neumann	Present
P. J. V. Corcoran	Absent
Lowell H. Steen	Present
Lall G. Montgomery, Sprague Gardiner, Guy A. Owsley	Present
Myron Nourse	Absent

Staff:

Robert Amick, field secretary	Present
Howard Grindstaff, field secretary	Present
John Walters, field secretary	Present
Kenneth Bush, administrative assistant	Present
Jas. A. Waggener, executive secretary	Present

CHAIRMAN: AMA delegates reports. We will now have the reports of the AMA delegates and matters to eome before the New Orleans meeting of the American Medieal Association.

The delegates and alternate delegates then went through the delegate's handbook and reported to the Board on the various reports and resolutions to be presented at the meeting in New Orleans.

DR. FARQUHAR: In discussing Emergency Medical Care Serviees, read the following resolution:

Resolution on Emergency Medical Services

RESOLVED, the AMA should lead the nation's efforts to improve Emergency Medieal Serviees and that AMA shall move quickly with the program with the Commission and the Committee. Let it be further

RESOLVED, that the state and local medieal society shall coordinate its action group in emergency and disaster medicine with the AMA effort.

I would like to introduee this resolution at the New Orleans meeting if the Board approves.

The motion was made by Dr. Wilhelmus, seconded by Dr. Gosman, put to vote and carried.

In diseussing Report D of the Board of Trustees, upon motion of Dr. Goodman, seconded by several, the delegation was instructed to remove the words "local health department," appearing in line 19 of the report and insert in lieu thereof the words "eounty medical society." The motion was put to vote and carried.

A lengthy discussion ensued on Indiana's resolution #9 dealing with Health Manpower. A motion was made that this Board go along with Dr. Green's suggested plan: We want to be extremely cautious about establishing the mechanism whereby government is going to be telling the physician where to practice. If this resolution, as we sent it, allows that loophole then we should be against our own resolution and you had best look at it real close.

A seeond motion was made that, in view of the discussion that has taken place, the delegation be empowered to substitute a resolution for resolution #9 which embraees the idea that if an individual is called to military service following his training period he be given the option to serve in lieu thereof a period of time commensurate to his military time obligation in an area of need.

Neither of the motions was seconded.

Another discussion ensued and Dr. Wilhelmus made the following motion:

DR. WILHELMUS: I make a motion in which Dr. Senseny and Dr. Hoyt commented that we will not back this hastily preparing a substitute resolution at this time and maybe come up with a better resolution for the June meeting.

CHAIRMAN: The motion was made by Dr. Wilhelmus, seeonded by Dr. Ingram — no further discussion — all those in favor say "aye;" opposed, same sign: the motion is carried.

The question was raised as to what action the Board had just taken and Dr. Wilhelmus was requested to restate his motion.

Dr. WILHELMUS: I move that we withdraw resolution #9 from the November meeting of the AMA and try to come up with a better worded resolution for the June meeting in 1972.

CHAIRMAN: Did everyone understand that? Is that the way you voted? No objeetions. Now that means that in the November meeting in New Orleans, the resolution will not be accepted. Is that right?

The question was then raised: Will you aecept an amendment that if the delegation, when they get to New Orleans and eome up with a resolution that will do everything we said — whieh is not probable — but if they could, would you accept that?

ANSWER: No.

Further discussion ensued and the following motion was made.

DR. WILHELMUS: I would like to move to this body right now that a representative of our delegation be mandated to appear before Reference Committee G and report to the Reference Committee why this resolution was withdrawn by the Indiana delegation.

The motion was seeonded by Dr. Petrieh, put to vote and earried.

CHAIRMAN: Dr. Santare, may we have your report now?

DR. SANTARE: Our committee has met and has eome up with a tentative outline of a program, after reviewing much material from other states, and we will meet with the Convention Arrangements Committee to discuss this at their next meeting.

DR. DUKES: Any other business?

DR. GOSMAN: I move that the Indiana State Medical Assoeiation firmly support the name of Guy A. Owsley as a candidate for vice-president of the AMA at the New Orleans meeting.

The motion was duly seconded, put to vote and earried.

CHAIRMAN: Nassau Trip. Sometime ago you will remember that we talked about the trip to Nassau whieh is being sponsored by MeKesson and Robbins. I have talked to two or three people and the date is January 5-9 but I was informed by phone this evening that no spaee is available for this particular flight. He informed me there is a possibility of another flight either February 13, 14, 17 or 18. The president thought this would leave about 9:00 a.m. in the morning and the 13th would be on a Sunday. We could possibly come here on the 12th and have our meeting and any of you who wanted to go on the trip eould leave the following day.

I therefore wonder if it is agreeable with the Board that we have a meeting on Fcbruary 12, 1972, at 4:00 p.m. in the afternoon. All in favor say "aye;" opposed, same sign. It was agreed that the Board would meet again at 4:00 p.m. Saturday, February 12, 1972, in the headquarters office.

CHAIRMAN: Wc will now hear from Dr. Petrich.

DR. PETRICH: 1972 Meeting Dates. It has been proposed that the 1972 meeting be held a week later than originally scheduled, as the meeting will begin October 16 and run through the 20th. As Dr. Santare has already reported, his committee did not meet today but will meet with thc Convention Arrangements Committee on Sunday, January 21, at whieh time we hope to be able to nail these dates down so the contract ean be signed with the Convention Bureau.

If it is agreeable with the Board, we will proeeed on this basis.

CHAIRMAN: There being no objec-

tions, we will take this matter by consent.

DR. PETRICH: 5-State Alliance. In view of the fact the delegation is present, I have taken it upon myself to write a letter to the president of our adjoining states, namely, Wisconsin, Illinois, Kentucky, Ohio and Michigan, relative to the presidents of these associations meeting in New Orleans for the purpose of forming some sort of a loose alliance on a political basis. I would like to report that all five of the presidents responded promptly to the idea and agreed to have a meeting prior to the President's Luncheon on Tuesday in New Orleans.

I think this is the kind of a thing that is going to take a long time to develop, but if we don't do it now we are not ever going to get it done. So with your advice and consent, I want to report that matter.

Next, I would like to report to you on some legislation that will probably be introduced in the coming session of the state legislature. One is the Certificate of Need bill, which is being sponsored by Blue Cross and the Indiana Hospital Association. Mr. Waggener has attended three meetings and we have received a copy of the third draft although I understand now that there is a fourth draft out. They are not certain as to the exemption of physicians and this matter will be discussed by the Commission on Legislation at its meeting and I would hope that the Board would support the Commission as they have in the past in all matters dealing with legislative proposals.

ISMA AND IHA JOINT MEETING. Next I would like to report that the Executive Committees of the Indiana State Medical Association and the Indiana Hospital Association are going to meet in December and I am sure this bill will be a topic of discussion, although the purpose of the meeting is to plan a program for the ISMA and IHA meeting held annually in the spring, which is hosted this year by Indiana Hospital Association.

MEDICAL DISCIPLINARY ACT. The next piece of legislation is a Medical Disciplinary Act which you have had before you on many previous occasions. The House of Delegates, I believe, empowered the Commission on Legislation, with the advice of legal counsel, to introduce this bill in the next session of the legislature.

PHYSICIAN'S ASSISTANT ACT. The last piece of legislation has to do with the physician's assistant, about which we have heard a great deal. I would like to read one little section from the report of the Board of Trustees on this subject. "Most of the legislative proposals fall into two basic categories (1) an exception to the medical practice act to codify the physician's legally recognized right to delegate tasks to competent allied health personnel; (2) a broadening of the powers given to the State Boards of Medical Examiners so that the boards may approve training programs, certify graduates of approved programs, and/or approve applications submitted to physicians to utilize one or two certified graduates." I think basically this is exactly what our proposed piece of legislation accomplishes, in that it will give us a mechanism to present to prevent the bad utilization and subsequently bad publicity to our profession in the use of physician's assistants in Indiana.

PRECEPTOR PROGRAM. The next subject I would like to discuss is the Preceptor Program which, you know, the association is responsible for originating.

The University, now with a program on Family Practice headed by Dr. A. Alan Fischer, has revamped the program on preceptorship. We do have a representative who has met with them and this group has approved a new questionnaire to go to physicians; however, we recently have been sent a questionnaire which was to go to the local county medical societies and it had to do with various and sundry aspects of the individual physician's qualifications to serve as a preceptor. Formerly, what we have done was that a letter was written over the signature of an individual on the Commission on Medical Education and Licensure to the president of the County Medical Society which was a very informal sort of an inquiry dealing with the professional and moral qualifications of the individual physician to serve as a preceptor. No pertinent and specific questions were asked. The new questionnaire, however, does indeed have certain pertinent and specific questions of the county society officers and, as such, it was felt that this ought to be a matter of discussion from this floor.

After a lengthy discussion of the subject it was moved that the questionnaire be sent to presidents of component county medical societies by the ISMA office and that the questionnaires be returned to ISMA and Dr. Fischer be advised only on a yea or a nay basis whether a person was agreeable or acceptable as a preceptor.

The motion was duly seconded, put to vote and carried.

DR. PETRICH: Phillipine Medical Association. Last but not least, we have an association now budding and about ready to install its newly elected officers on November 27. It is the Phillipine Medical Association of Indiana. It numbers three hundred and some members. It is a duly organized body with a complete chair of officers, etc. They are having their inauguration in Indianapolis at the Shrine Club on Saturday night, November 27 and would like a representative of the ISMA to attend and speak to them briefly. As you know, the officers and the delegation will be in New Orleans on that date. Otherwise, a member of the Board of Trustees could represent that state association at this function.

DR. SCHUSTER: I will be glad to volunteer to represent the association at this meeting providing my schedule does not conflict and if I cannot make it, I will advise you.

CHAIRMAN: We will now have the report of the Executive Committee.

DR. KERR: We had three visitors to the Executive Committee meeting today. Dr. Charles Bonsett brought to us the matter of a Museum for Indiana Medical History. You know there has already been obtained a building, the old pathology building, at Central State Hospital for this particular use. This building was actually saved by action of Dr. Bonsett and the group which he formed. It is his hope that the ISMA will take an active part in support of this development and form sort of an ongoing program, perhaps into a Section on Indiana Medical History, a committee, or something, if we give it not only financial support. I questioned him as to monies, and he does not really know in terms of money, but wanted more than just dollars. That is a program which would continue to collect significant parts of Indiana's medical history and maintain them in the Museum so as to be a source of exposure to the practicing physician and the medical student. We bring it to the Board for whatever action they would recommend. The Executive Committee looked with favor upon the proposal this morning, at least as an idea, it was no more jelled than that.

DR. SCHUSTER: Mr. Chairman, I move the Board approve this through the action of the Executive Committee and the principle involved.

DR. KERR: Would you carry your motion a little further by establishing a committee or something to carry on and investigate what further could be done with it, such as a committee appointed by the president.

DR. SCHUSTER: I will agree.

The motion was put to vote and carried.

DR. KERR: Kitchen Project. The second item is that the Executive Committee heard Mrs. Chernish, who appeared before the committee with blue prints and an offer to install a kitchen in the basement for a price of $4,990.

The question was raised about the ap-

propriateness of discussing this motion as it had previously been tabled. Therefore a motion was duly made and seconded that the item be taken from the table. The motion was carried.

DR. KERR: After listening to Mrs. Chernish this morning and looking at the blue prints and specifications and getting her assurance that the Auxiliary will pick up whatever is necessary for any additional plumbing charges. The plan would be that it would be installed in the corner now occupied by the telephone apparatus. We bring it to you from the Executive Committee with the information that they gave us and they have the funds, according to their president. This is a matter which is near and dear to their hearts and they would like to do this for us.

The matter was discussed by several concerning the amount of money of the association being given to the Auxiliary each year and its return earmarked for this specific purpose.

Following a discussion and, on motion duly made and seconded, the Auxiliary is authorized to proceed with the installation of a kitchen. The motion was carried.

DR. KERR: $1000 contribution to Auxiliary. The Auxiliary also appeared before the Executive Committee for the purpose of obtaining the annual $1,000 contribution from this association and it was granted. We would appreciate your approval of this contribution.

On motion duly made and seconded, the action of the Executive Committee was approved.

DR. KERR: Auxiliary Nursing Home Visitation. As you know, the Auxiliary also has the visitation of nursing homes for one of their major projects. I have a letter from Governor Whitcomb commending the Auxiliary and urging them to carry out this program. We have requested a legal opinion from our legal counsel which I will read to you.

Dr. Kerr then read the letter from legal counsel.

The question was then raised as to whether or not Dr. Offutt had replied to the opinion of the legal counsel and the answer was no, as the opinion did not necessarily require an answer nor was Dr. Offutt requested to give one.

The discussion held was that such an opinion should be received from Dr. Offutt.

DR. INGRAM: I would move that we accept the report of the Executive Committee and this letter from our legal counsel for information.

The motion was seconded by Dr. Shields, put to vote and carried.

DR. KERR: Car leasing. You all have this sheet which is a price sheet on the leasing of automobiles which we discussed at the last meeting at the convention. The price on the right hand side of the page is the monthly rental including excise tax and the price on this is on a basis of a two-year rental. The other price is the option-to-buy price after termination of the two years. We call your attention to the fact this lease program does not include insurance or maintenance. It does include plates. They have figured they can give you insurance at $20 per month extra and we bring this to you for your approval so that those of you who are interested can go ahead and do it.

The association takes no responsibility, just acts as sponsor. The motion was duly made that we accept this offer of the Immke Leasing Company. The motion was seconded, put to vote and carried.

DR. KERR: We would also like to report to you that Mr. Kilborn visited with our committee this morning to discuss the rumored merger of Blue Cross and Blue Shield. This is one matter that we bring to you for your information. The Executive Committee expressed the opinion that the members of ISMA would look upon this with vigorous disfavor. He has assured us he will keep us informed of developments. In the meantime; it might be well for you to discuss this with regional members of the Blue Shield Board. This concludes our report.

This matter was discussed at length by several members of the Board.

DR. DUKES: If there is no further business, we will adjourn.

The Medical Society Officers Conference will be held at 9:30 a.m. in the Marott Hotel tomorrow morning. The morning session will be followed by a luncheon and an afternoon speaker.

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The Pharmaceutical Manufacturers Association has recently completed the production of a 28-minute color film that depicts the role of the pharmaceutical industry in today's health care system.

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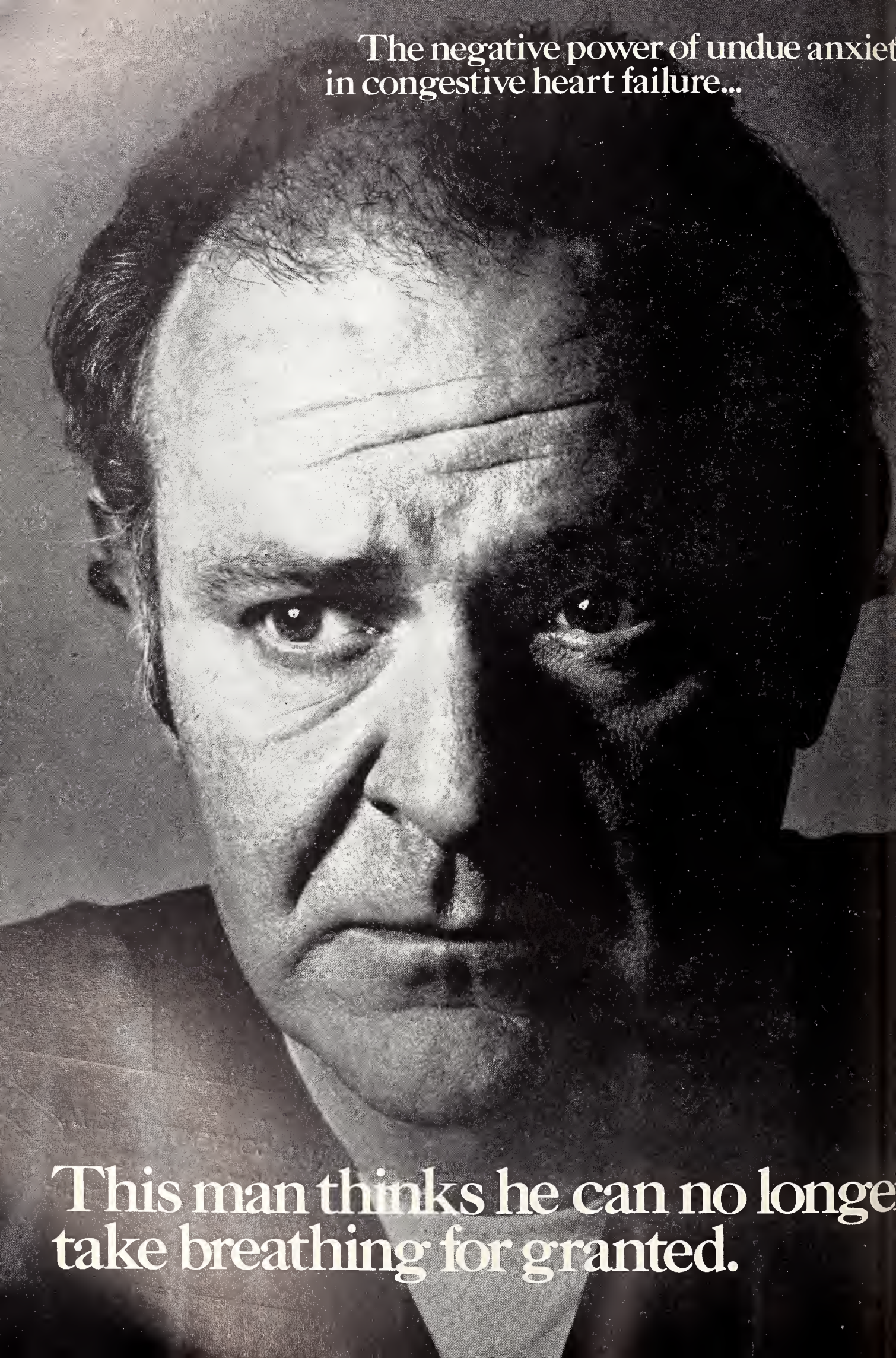
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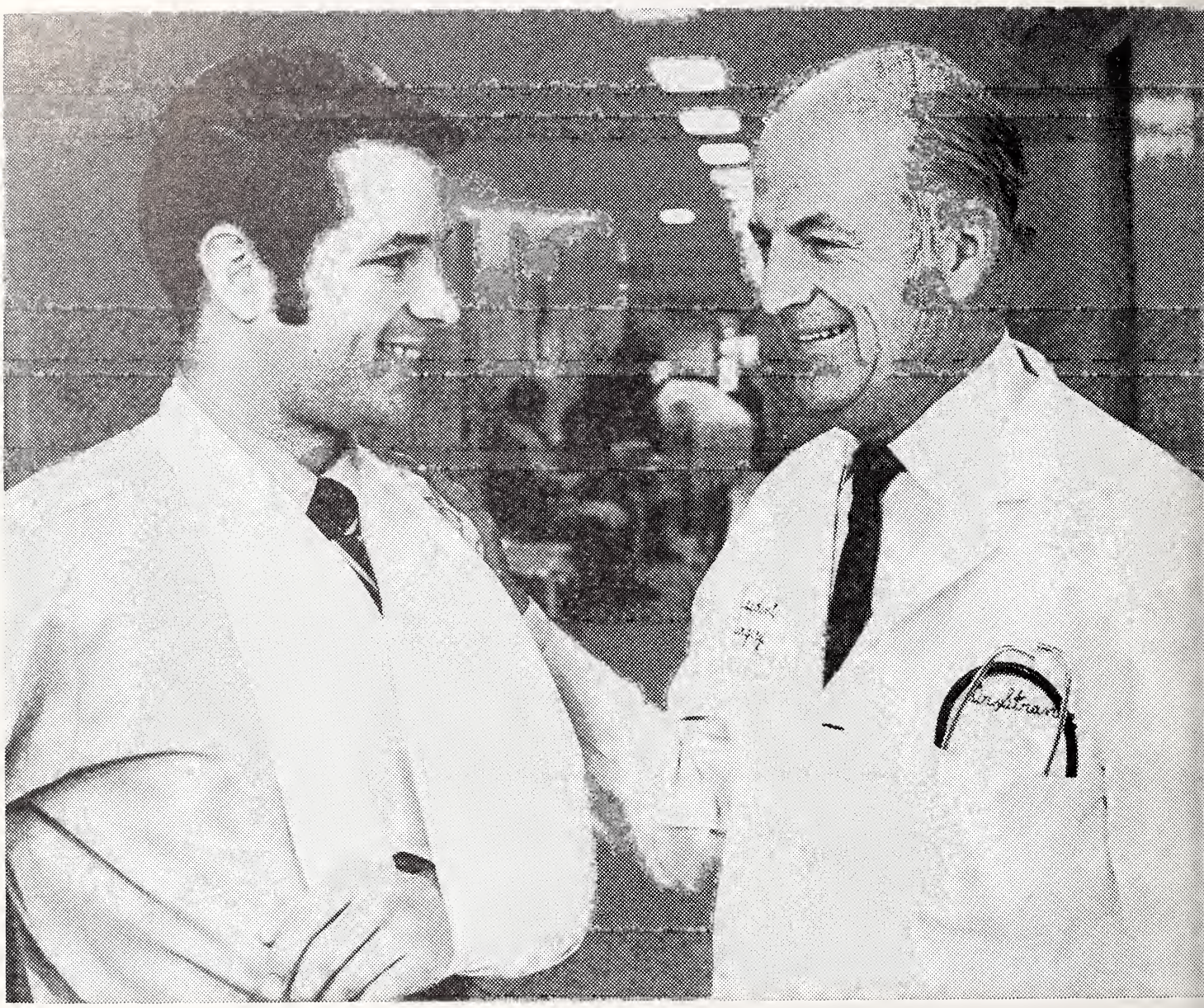
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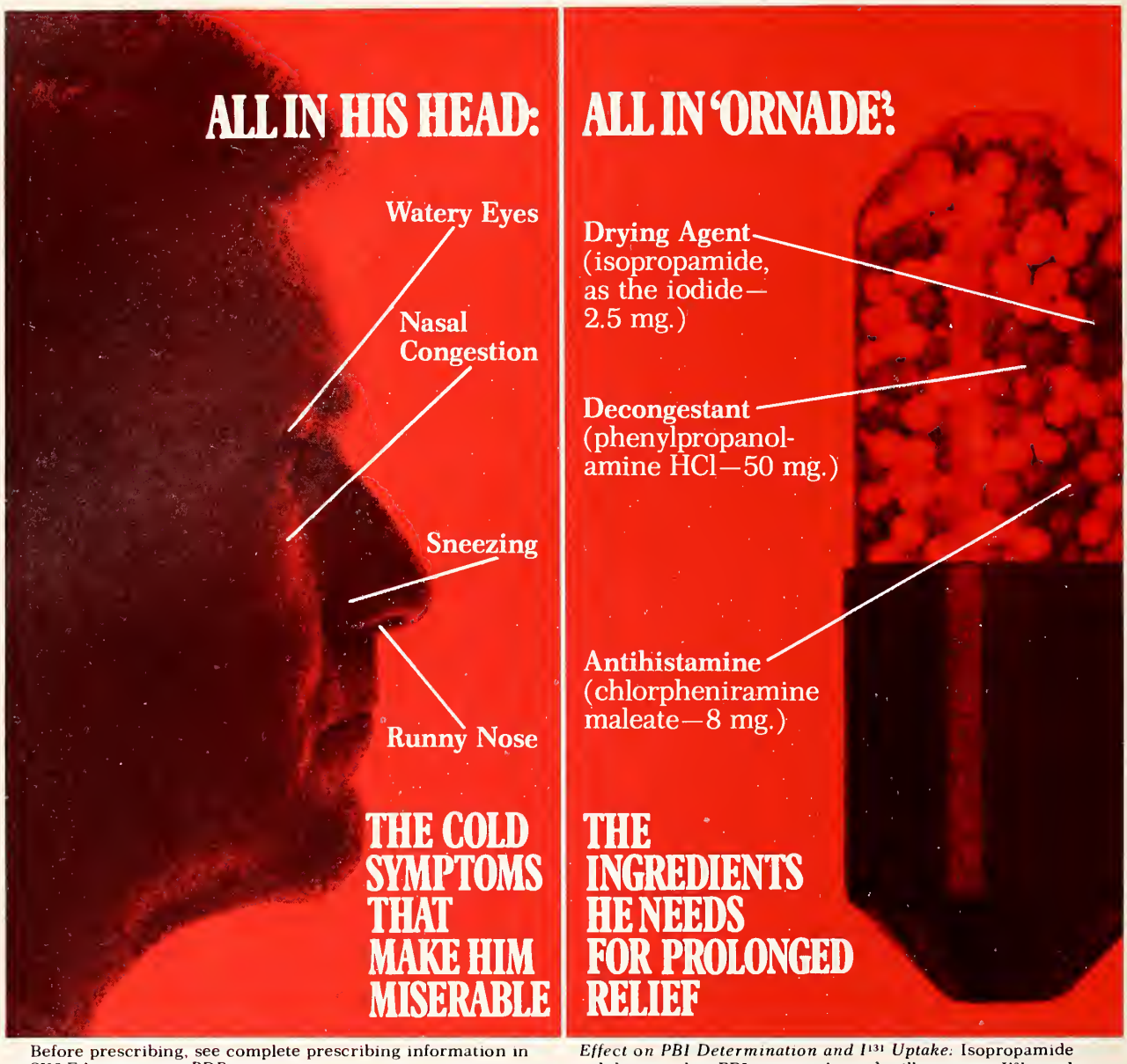
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Indications: Upper respiratory congestion and hypersecretion associated with: the common cold; acute and chronic sinusitis; vasomotor rhinitis; allergic rhinitis (hay fever, "rose fever," etc.).

Contraindications: Hypersensitivity to any component; concurrent MAO inhibitor therapy; severe hypertension; bronchial asthma; coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Children under 6.

Warnings: Advise vehicle or machine operators of possible drowsiness. Warn patients of possible additive effects with alcohol and other CNS depressants.

Usage in Pregnancy: In pregnancy, nursing mothers and women who might bear children, weigh potential benefits against hazards. Inhibition of lactation may occur.

Effect on PBI Determination and I^{131} Uptake: Isopropamide iodide may alter PBI test results and will suppress I^{131} uptake. Substitute thyroid tests unaffected by exogenous iodides.

Precautions: Use cautiously in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

Adverse Reactions: Drowsiness, excessive dryness of nose, throat or mouth; nervousness; or insomnia. Also, nausea, vomiting, epigastric distress, diarrhea, rash, dizziness, weakness, chest tightness, angina pain, abdominal pain, irritability, palpitation, headache, incoordination, tremor, dysuria, difficulty in urination, thrombocytopenia, leukopenia, convulsions, hypertension, hypotension, anorexia, constipation, visual disturbances, iodine toxicity (acne, parotitis).

Supplied: Bottles of 50 capsules.

SK&F *Smith Kline & French Laboratories*

Trademark

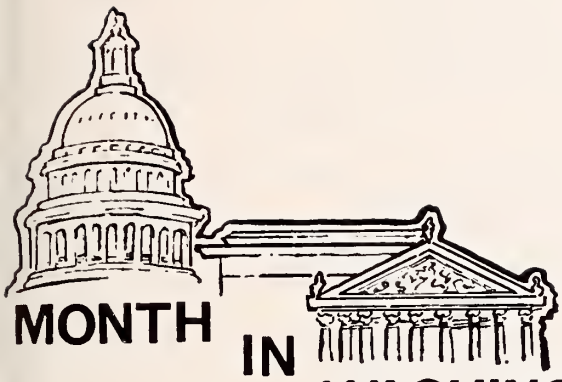
ORNADE® SPANSULE®

brand of sustained release capsules

Each capsule contains 8 mg. of Teldrin®(brand of chlorpheniramine maleate); 50 mg. of phenylpropanolamine hydrochloride; 2.5 mg. of isopropamide, as the iodide.

UNCOMMON RELIEF FOR COLD SYMPTOMS

OR-203



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the first of each month preceding month of issue.

PRESIDENT NIXON SAID his Administration will expand its programs to improve the nation's emergency medical services and to combat diseases of the heart, blood vessels and lungs.

IN THE LONG version of his two State of the Union messages to Congress, the President said the "staggering" U.S. death toll from accidents—more than 115,000 last year—"could be greatly reduced by upgrading our emergency medical services." He said it could be done without new scientific breakthroughs if present knowledge were applied more effectively.

"TO HELP in this effort," he said, "I am directing the Department of Health, Education, and Welfare to develop new ways of organizing emergency medical services and of providing care to accident victims. By improving communication, transportation, and the training of emergency personnel, we can save many thousands of lives which would otherwise be lost to accidents and sudden illnesses.

"ONE OF THE significant joint accomplishments of the Congress and this administration has been a vigorous new program to protect against job-related accidents and illnesses. Our occupational health and safety program will be further strengthened in the year ahead —as will our ongoing efforts to promote air traffic safety, boating safety, and safety on the highways.

"IN THE LAST THREE years, the motor vehicle death rate has fallen by 13%, but we still lose some 50,000 lives on our highways each year—more than we have lost in combat in the entire Vietnam war.

"FULLY ONE-HALF of these deaths were directly linked to alcohol. This appalling reality is a blight on our entire nation—and only the active concern of the entire nation can remove it. The federal government will continue to help all it can, through its efforts to promote highway safety and automobile safety, and through stronger programs to help the problem drinker."

NIXON PROMISED increased attention to the diseases of the heart, blood vessels and lungs "which presently account for more than half of all the deaths" in the nation.

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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8—Richard Ingram, Montpelier	Oct. 1972
9—William M. Sholty, Lafayette	Oct. 1973
10—Vincent J. Santare, Munster	Oct. 1974
11—Lowell Hillis, Logansport	Oct. 1972
12—William R. Clark, Fort Wayne	Oct. 1973
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Raymond Newnum, Evansville	1973
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—Howard C. Jackson, Madison	1973
5—Cleon M. Schauwecker, Greencastle	1973
6—	
7—Joseph F. Ferrara, Franklin	1972
7—Joseph C. Kerlin, Danville	1972
8—R. D. Williams, Anderson	1973
9—Max N. Hoffman, Covington	1974
10—Thomas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1973

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Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

Terms expire December 31, 1973:

Delegates	Alternates
Jack E. Shields, Brownstown	Patrick J. V. Corcoran, Evansville
Lowell H. Steen, Hammond	Thomas C. Tyrrell, Hammond

1971-72 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Ray Burnikel, Evansville	William Dye, Oakland City	April 13, 1972, Evansville
2.	Robert Moses, Worthington	J. S. Brown, Carlisle	May 18, 1972, Linton
3.	Daniel H. Cannon, New Albany	Charles X. McCalla, Paoli	April 5, 1972, Clarksville
4.	Robert O. Zink, Madison	Ott B. McAtee, Madison	May 17, 1972, Madison
5.	Burton E. Scherb, Terre Haute	James W. Cristee, Terre Haute	May 24, 1972, Terre Haute
6.	Mark E. Smith, New Castle	James H. Tower, Jr., Shelbyville	May 3, 1972, Shelbyville
7.	John M. Records, Franklin	Merrill M. Weseman, Franklin	June 14, 1972, Greenwood
8.	Franklin K. Beeler, Anderson	Edward R. Rush, Anderson	June 7, 1972, Anderson
9.	Don W. Boyer, Lebanon	Clarence G. Kern, Lebanon	June 28, 1972, Lebanon
10.	Lambro Dimitroff, Hammond	Donald C. Miller, Cedar Lake	May 31, 1972, Hebron
11.	John Elleman, Kokomo	Fred Poehler, La Fontaine	Sept. 20, 1972, Kokomo
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	September 14, 1972
13.	George M. Haley, South Bend	John Hildebrand, South Bend	Sept. 13, 1972, Michigan City

Continued

"I WILL SHORTLY assign a panel of distinguished experts to help us determine why heart disease is so prevalent and so menacing and what we can do about it," he said. "I will also recommend an expanded budget for the National Heart and Lung Institute."

HE ALSO CALLED upon Congress to act upon his proposals for national health insurance, health maintenance organizations and elimination of the monthly fee now charged under part B of medicare.

THE PRESIDENT SAID he later will propose legislation "to reform and rationalize" the delivery of social services, including health services.

"WE NEED a new approach to the delivery of social services—one which is built around people and not around programs," he said. "We need an approach which treats a person as a whole and which treats the family as a unit. We need to break through rigid categorical walls, to open up narrow bureaucratic compartments, to consolidate and co-ordinate related programs in a comprehensive approach to related problems."

FISCAL 1973 BUDGET PUTS HEW SPENDING AT $18.1 BILLION

IN HIS FISCAL 1973 budget, Nixon estimated federal spending on HEW health programs at $18.1 billion, an increase of $1.1 billion over the current fiscal year which ends next June 30. A breakdown under broad categories shows:

HEALTH

(Fiscal years, millions of dollars)

	1971 (actual)	1972 (est.)	1973 (est.)
DEVELOPMENT OF HEALTH RESOURCES			
Budget authority	2,293	2,965	2,851
Outlays	2,201	2,446	2,787
FINANCING MEDICAL SERVICES			
Budget authority	12,657	15,633	20,115
Outlays	11,946	14,214	14,733
PREVENTION AND CONTROL			
Budget authority	360	571	737
Outlays	319	382	619
OFFSETTING RECEIPTS			
Budget authority	—3	-18	-22
Outlays	—3	-18	-22
TOTALS			
Budget authority	15,307	19,151	23,681
Outlays	14,463	17,024	18,117

THE FISCAL 1973 budget calls for a $49 million increase— to $435 million—for delivery of health services programs—health maintenance organizations, regional medical programs and health planning agencies.

Continued

COUNTY MEDICAL SOCIETY DIRECTORY

County	President	Secretary
Adams	Robert L. Boze, Berne	John E. Doan, 222 S. Second St., Decatur 46711
Allen (Fort Wayne)	Kenneth F. Isenogle	Richard B. Juergens, 1724 Prairie Lane, Fort Wayne 46808
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayne
Bartholomew-Brown	C. David Ryan, Columbus	Wm. L. Pearce, Doctors Park, Columbus 47201
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	Kathryn Jackson, Zionsville	Gerald Fisher, 324 W. North St. Lebanon 46052
Carroll	Alvan L. Eller, Flora	Robert Seese, 101 W. North St., Delphi
Cass	J. Carl Jones, Logansport	Joseph S. Bean, 1101 Michigan Ave., Logansport 46947
Clark	Claude J. Meyer, Sellersburg	Thomas J. Corrao, 435 Spring St., Jeffersonville 47130
Clay	Forrest R. Buell, Clay City	E. L. Conrad, 1207 E. National Ave., Brazil
Clinton	George K. Hammersley, Frankfort	Lee F. Dupler, 1258 S. Jackson St., Frankfort 46041
Daviess-Martin	Clarence E. Snyder, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Gerald T. Bowen, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	Ricardo C. Domingo, Greensburg	Alfredo Paje, Murphy Bldg., Greensburg
DeKalb	John H. Hines, Auburn	Harland V. Hippensteel, 208 W. 7th St., Auburn 46706
Delaware-Blackford	Harold E. Nelson, Muncie	David J. Dietz, 2810 Ethel St., Muncie 47304
Dubois	Arthur L. Wagner, Jasper	Bernard Kemker, 111 Central Bldg., Jasper
Elkhart	Thomas Quilty, Elkhart	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	George M. Ellis, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	Marshall H. Buchman, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	V. F. Raymundo, Attica	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Charles L. Herrick, Akron	F. Richard Walton, R. R. 2, Rochester
Gibson	R. G. Geick, Fort Branch	Roland E. Weitzel, 114 S. Hart, Princeton 47570
Grant	Larry K. Musselman, Marion	E. S. Rifner, Van Buren
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Eugene Newby, Sheridan	Paul Waitt, 450 Lafayette Rd., Noblesville
Hancock	Ben O. Singco, Greenfield	James T. Anderson, 120 W. McKenzie Rd., Greenfield 46140
Harrison-Crawford	Louis Blessinger, Corydon	Carl Dillman, Binkley Bldg., Corydon 47112
Hendricks	Glenn Baker, Brownsburg	Donald Cheesman, 100 Meadows Dr., Danville 46112
Henry	O. Lynn Webb, New Castle	Sam W. Campbell, 901 McCormack Drive, New Castle 47362
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Huntington	D. Richard Gill, Huntington	Barth E. Wheeler, 818 W. Park, Huntington 46750
Jackson-Jennings		Slater Knotts, 650 Greenway Court, Seymour 47274
Jasper	Robert Greene, Rensselaer	Kenneth J. Ahler, P. O. Box 317, Rensselaer 47978
Jay	Alfonso E. Lopez, Portland	Joseph F. Vormohr, 604 W. Arch St., Portland 47371
Jefferson-Switzerland	James Burcham, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Mac C. Roller, Franklin	James Nalley, 1035 W. Jefferson St., Franklin
Knox	J. Frank Stewart, Vincennes	Edgar Cantwell, 202 Broadway, Vincennes
Kosclusko	William C. Parke, Warsaw	Roland Snider, 604 E. Winona, Warsaw 46580
LaGrange	F. X. Colligan, Topeka	Harley Flannigan, 213 W. Lafayette, LaGrange 46761
Lake	Daniel T. Ramker, Hammond	R. J. Bills, 504 Broadway, Gary 46402
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	Clem H. Elshout, LaPorte	J. A. Carpenter, 900 I Street, LaPorte 46350
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
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Morgan	William H. Jones, Martinsville	Maurice A. Turner, 101½ N. Main St., Martinsville
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Perry	Robert Gilbert, Tell City	Robert A. Ward, Professional Bldg., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead Petersburg
Porter	John A. Forchetti, Chesterton	Alfred J. Kobak, Jr., 1101 Glendale Rd., Valparaiso 46383
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsen, Winamac
Putnam	Frederick R. Dettloff, Greencastle	Edward Hannon, 407 Melrose Ave., Greencastle 46135
Randolph	C. R. Chambers, Union City	Susan Pyle, Union City
Ripley	E. H. North, Batesville	Manuel G. Garcia, 12 E. Boehringer, Batesville 47006
Rush	Willard Worth, Milroy	Willard Worth, Milroy 46156
St. Joseph	Jene R. Bennett, South Bend	Robert Nelson, 206 E. Bartlett, South Bend 46601
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Benjamin Roberto, Austin	J. C. Bacala, 69 E. Wardell St., Scottsburg 47170
Shelby	David Silbert, Shelbyville	Harry Gordon, 117 W. Washington St., Shelbyville 46176
Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Earl Leinbach, Hamlet	Robert J. Goode, 201 S. Heaton St., Knox 46534
Steuben	Robert F. Barton, Angola	Claude E. Davis, 1109 W. Maumee, Angola 46703
Sullivan	K. W. Eskew, Sullivan	J. S. Brown, Carlisle
Tippecanoe	John T. Burns, Lafayette	Caroline E. Hass, 316 N. Salisbury St., West Lafayette 47906
Tipton	Jean V. Carter, Tipton	Boyd A. Burkhart, 202 S. West St., Tipton 46072
Vanderburgh	Ray H. Burnikel, Evansville	Mrs. Carole Rust, Exec. Secy., 421 N. Main St., Evansville
Vigo	Werner L. Loewenstein, Terre Haute	J. Lewis Stoelting, 1724 N. 7th St., Terre Haute
		William L. Purcell, Exec. Secy., P. O. Box 986, Terre Haute
Wabash	R. B. Mernitz, Wabash	Marvin Dziabis, % Wabash County Hospital, Wabash 46992
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	T. K. Tower, Campbellsburg	F. T. Castueras, 906 W. Mulberry, Salem 47167
Wayne-Union	George Johnson, Richmond	John Dehner, Reid Memorial Hospital, Richmond
Wells	Louis F. Bradley, Bluffton	Russell E. Graf, 1110 Highland Park Circle, Bluffton 46714
White	Gerald R. Bougher, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	Warren Niccum, Columbia City	V. P. Huffman, 201 N. State St., South Whitley 46787

Continued

EXPENDITURES FOR medicare and medicaid were estimated to increase by $492 million. The federal share of medicaid was estimated at $3.4 billion or 55% of the total cost. Outlays for medicare were estimated at $10.4 billion in fiscal 1973.

OTHER SPENDING estimates included:

Food and Drug Administration—$179.5 million, and increase of $69.7 million.

National Institutes of Health (mostly biomedical research)—$1.57 billion, an increase of $139 million. Of this, $430 million goes to the Cancer Institute.

THE PRESIDENT'S Council of Economic Advisers, in its annual report to Congress, cautioned that money alone does not hold the solution to the nation's health problems. New criteria for evaluating medical care should be developed, the council said.

THE COUNCIL SAID that the nation's medical care expenditures totaled $75 billion —$358 per person—in fiscal year 1971, an annual growth rate of 4.3% per capita since 1966.

"ALTHOUGH improvement in the health of the population was clearly the ultimate goal of these expenditures," the council said, "it is also true that the relation between good health and medical expenditures is less than direct. First, our medical dollars may not always be used effectively. Ideally, the preferences of consumers and capabilities of suppliers freely interact in the market to determine the price and amount of the commodity consumed; and this interaction leads to the use of resources that best contributes to the material well-being of people. In the case of medical care, however, distortions in this process occur because, on the demand side, consumers are not always able to judge the service, and, on the supply side, competition is often limited by restrictions on entry into medical practice and hospital services. Although these restrictions may have been intended to protect consumers, as a side effect they may also impede the efficient utilization of resources. In addition, the dominant position of nonprofit organizations in the market providing hospital services raises other questions about whether incentives to minimize costs are as great in medicine as in other parts of the economy.

"YET EVEN GREAT improvements in the market for medical care would not solve all health problems. Another important problem arises because good health is related to many factors in addition to medical care. Some of these factors are subject to an individual's control: diet, exercise, smoking, and consumption of alcohol. Other conditions, such as the amount of pollution in the air and water, depend rather on the actions of society as a whole. In addition, there are more elusive influences, like the tension generated by attitudes toward work and other circumstances of modern life. The importance of life styles and environment to health has become much more apparent in recent years.

"TO START to answer the general question of how we can best 'produce' health, we must find a way of measuring changes in the level of health. What must be measured is the actual output-health—not

Continued

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simply such inputs as amounts of medicine consumed, days spent in hospitals, or the hours in consultation with doctors. While no comprehensive measures of the national health have been developed, and each existing measure has its limitations, such indicators as mortality rates and disability days have been widely used to trace changes over time and to compare localities. The relationships observed between these measures of health and other variables have revealed a number of paradoxes. . . .

"SINCE MEDICAL care is likely to remain a major instrument for improving the nation's health, and since it is a focal point for public policy, there is a clear need for developing tests for the effectiveness of medical care. At present, we do not have the data required to make such tests, and thus we can evaluate only imperfectly the efficacy of alternative medical care policies."

FIRST ASSIGNMENTS UNDER EMERGENCY HEALTH PERSONAL ACT ANNOUNCED

THE FEDERAL government announced the first assignments of federal doctors and other health workers to provide direct patient care in rural and big city areas with critical health manpower shortages.

TEAMS WITH a total of 68 medical workers, including doctors, dentists and nurses, will be assigned to 18 communities in 13 states to work with such patient groups as Indians, migrant workers, welfare families and minorities.

THE FIRST TEAM, a husband-wife, doctor-nurse duo, was assigned to a 14-bed hospital in rural Jackman, Maine, in September. The second team went to work in Immokalee, Fla., in November. March 1 is the target date for assigning the other 16 teams, a spokesman for the National Health Service Corps said.

THE CORPS WAS created Dec. 31, 1970, when President Nixon signed the Emergency Health Personnel Act, which calls for government health workers to provide direct health services to residents of city slums and remote rural areas designated as having critical health manpower shortages.

THE LAG in starting the project had sparked charges by some Congressional Democrats that the Administration was delaying it. The Administration had replied that recruitment was difficult.

DR. DAVID A. KINDIG, recruitment chief for the Corps, admitted that the major incentive for doctors to join had been the military draft. All 28 doctors among the 68 initial medical workers were recruited from the Public Health Service (PHS) Commissioned Corps, and "many of them are still fulfilling their military obligations," he said.

THE TEAMS ALSO include 10 dentists, 18 nurses and 12 other professionals, including pharmacists, dental hygenists, health educators and lab technicians, Kindig said. Recruitment of some team members, like nurses, may be done at the local level, he said.

EIGHT USPHS HOSPITALS TO BE TRANSFERRED TO LOCAL CONTROL

THE NIXON Administration said that it hopes to transfer eight U.S. Public Health Service (PHS) hospitals and 30 government clinics to local control by June 30, 1973.

Continued

HEALTH, EDUCATION, and Welfare Secretary Elliot L. Richardson said President Nixon's budget for the fiscal year beginning next July 1 "assumes that these facilities will be converted to community use by June 30, 1973." The budget is expected to go to Congress next Monday.

THE HOSPITALS, with a combined 2,484 beds, are in Baltimore, New Orleans, Staten Island, N.Y.; San Francisco, Seattle, Norfolk, Va.; Boston and Galveston, Tex.

"WE CANNOT yet predict what effect the current reviews of PHS hospitals and clinics will have on those now employed in those installations;" Richardson said in a statement. "No change in employment as a result of these reviews will occur this fiscal year (ending next June 30)."

RICHARDSON'S announcement said an administration decision has been made to eliminate 8,087 HEW jobs between now and next June as part of a government-side plan to reduce federal employment.

OFFICE OF DRUG ABUSE LAW ENFORCEMENT CREATED

PRESIDENT NIXON signed an executive order establishing the Office of Drug Abuse Law Enforcement which will marshal a wide range of government resources "in a concentrated assault on the street level heroin pusher."

MILES J. AMBROSE, who had been Customs Commissioner, was appointed to head the new office.

"I AM CONVINCED that the only effective way to fight this menance is by attacking it on many fronts—through a balanced, comprehensive strategy," Nixon said in a statement.

HE SAID the Administration has worked for three years to eliminate dangerous drugs at their source, cutting off their international flow.

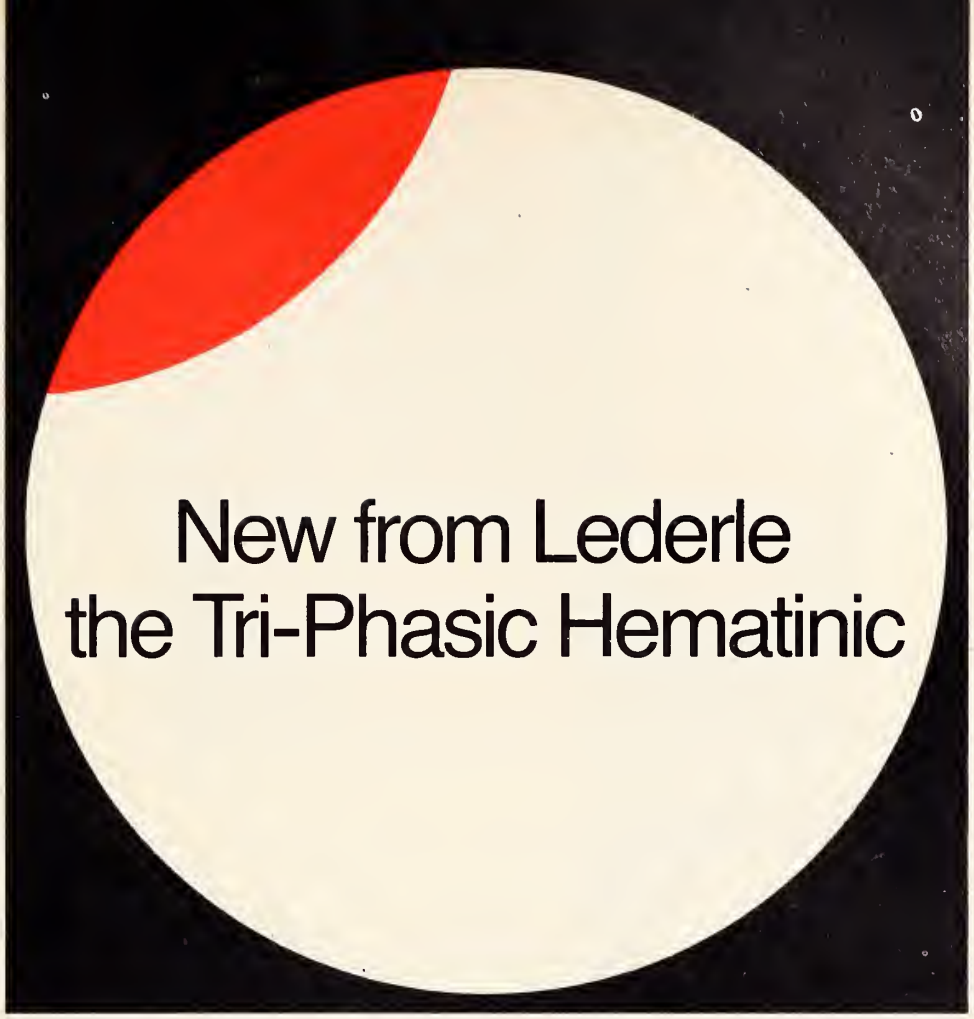
"TODAY our balanced comprehensive attack on drug abuse moves forward in yet another critical area as we institute a major new program to drive drug traffickers and drug pushers off the streets of America," he said.

NIXON PRAISED Ambrose, 45, a lawyer and former New York enforcement official, as a man "who knows how to take care of this problem of law enforcement."

NIXON SAID the office would work through nine regional offices and use special grand juries to gather information about drug traffickers. He said this intelligence will be pooled for use by federal, state and local law enforcement agencies.

THE LATEST FBI uniform crime statistics available show that 451,000 persons were arrested in 1970 for narcotic drug law offenses, up 44% from 1969 but accounting for just 4.8% of arrests for all offenses in 1970.

IN 1970, the FBI noted that 53% of all persons arrested on drug-related charges were under 21 years of age. ◄



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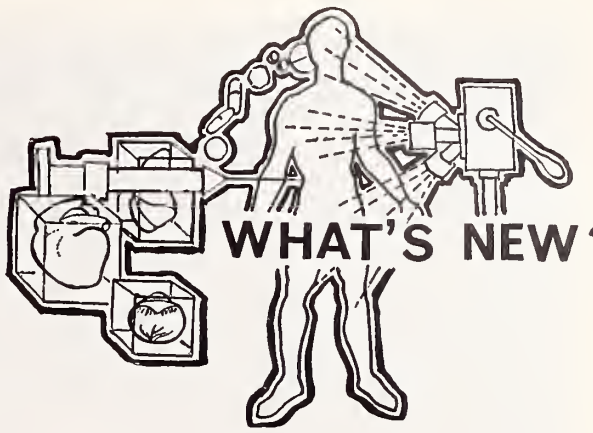
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International Chemical and Nuclear Corp. has acquired the U.S. rights to sell a new kidney stone preventative. The new drug is sodium cellulose phosphate (SCP), a compound which readily combines with calcium, the principal ingredient of most kidney stones. It has been marketed in England since 1969. It does not affect existing stones but prevents the growth of present stones and the formation of new ones. There are virtually no side effects. It acts by diminishing the absorption of dietary calcium.

* * *

Corning Glass has a new, fast pH blood gas analyzer that can automatically generate six digital determinations in 90 seconds from a single sample insertion of whole blood. It is Model 165. It determines pH, PCO_2 and PO_2, and electronically calculates total CO_2, bicarbonate and base excess.

* * *

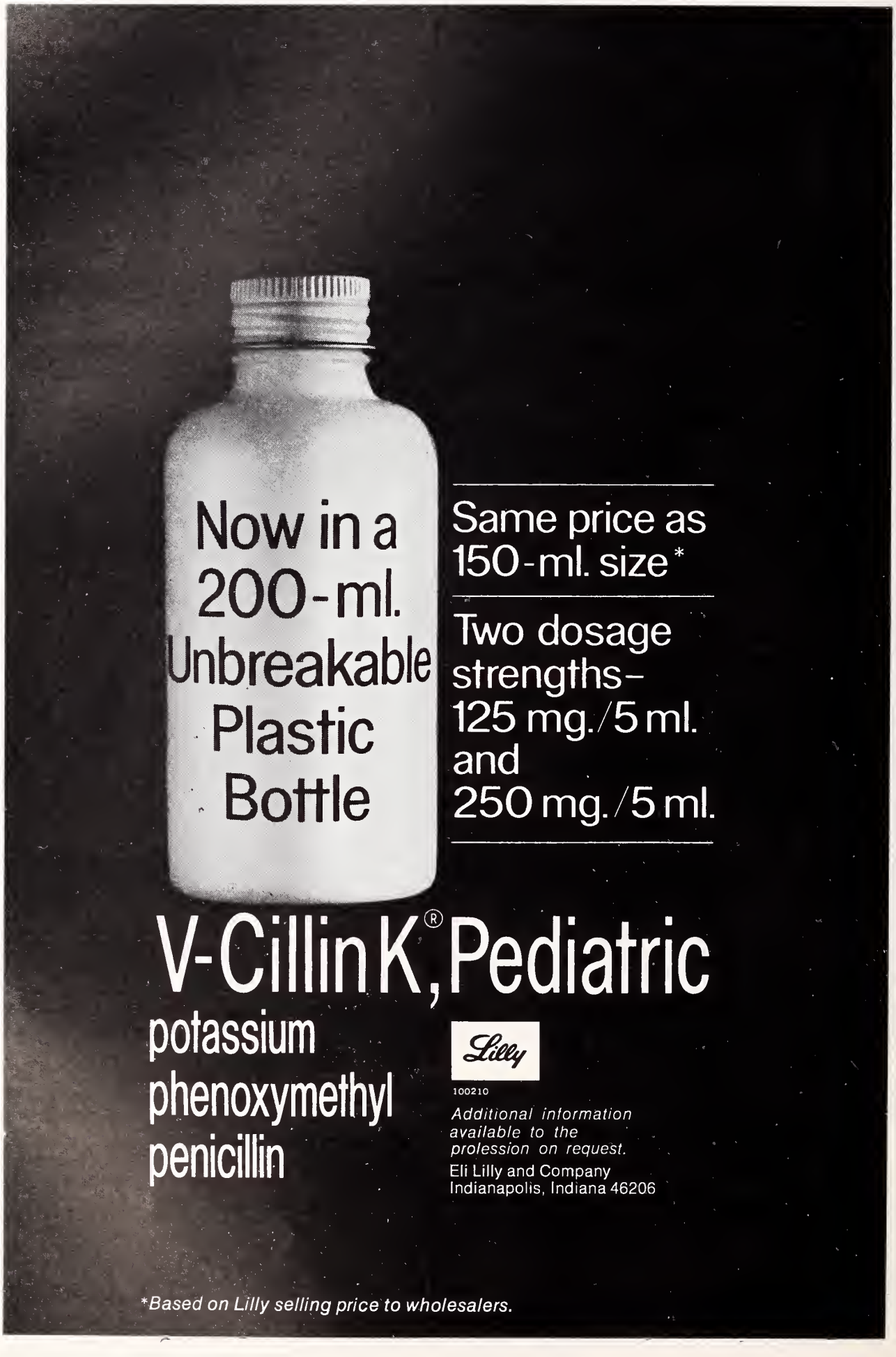
Squibb announces a reduction in the price of Principen Capsules and Oral Suspension to the amount of 33⅓%. The list prices of Principen/N (sodium ampicillin for injection) have been reduced by 50%. Squibb has reduced the cost of shelf stocks by a refund program which will enable the patient to enjoy the new price level immediately.

* * *

Chesebrough-Ponds announces a new dressing for skin grafting and burn application. Contained in peelable foil envelopes, the gauze is impregnated with SCARLET RED which is blended with lanolin, olive oil and petrolatum. Scarlet Red is credited with stimulation of epithelization.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL of the Indiana State Medical Association.


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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 65 — March 1972 — Number 3

An anomalous muscle, the extensor digitorum brevis manus, occurs occasionally on the dorsum of the hand. A case in which the muscle caused symptoms is presented. Excision of the muscle relieved the symptoms.

Extensor Digitorum Brevis Manus—A Case Report

R. H. DENHAM, JR., M.D.
A. F. DINGLEY, JR., M.D.
South Bend

WOOD, in 1864, reported on the occurrence of an anomalous muscle on the dorsum of the hand which he considered a posterior displacement of fibers of the dorsal interossei.[5] He noted that a similar finding had been reported by Albinus in 1734.[6] Since that time, it has been shown that the muscle is innervated by the deep branch of the radial nerve and is therefore not related to the interossei,[2] but speculation still exists as to whether it is atavistic and phylogenetically related to the dorsometacarpalis muscle found in amphibians[2] or an anomalous extensor indicis proprius muscle.[3] As its origin has not been definitely established, we still apply to it the descriptive term *extensor digitorum brevis manus* first used by Wood. Although Wood reported an incidence of 10% in 102 subjects,[6] Cauldwell found only five examples in three of 140 consecutive cadavers, an incidence of 2%.[1]

That it, at times, has some clinical as well as academic significance is attested to by the fact that of the 14 cases collected from the literature by Ross and Chester in 1969, 10 had been treated surgically.[4] It is important to be familiar with the existence of this entity because the muscle presents as a soft, well-defined mass on the dorsum of the hand at the level of the carpometacarpal joints, usually between the extensor tendons of the index and middle fingers, and may be mistaken for a ganglion or tumor.

Recognizing its true nature may save the patient a surgical exploration when, as in the majority of instances, it causes no symptoms. Occasionally, in individuals who use the hands vigorously, the muscle may cause symptoms consisting of a dull pain after heavy use of the hand, sometimes with radiation up the forearm. It is possible that its location at the distal edge of the dorsal carpal ligament, so that it slips back and forth under the edge of this fascial band with flexion and extension of the fingers, is the reason for pain.[4] When there are symptoms associated with the existence of this anomaly, the meager statistical evidence collected by Ross and Chester suggest that the most effective means of relief is excision of the muscle.[4]

The following report of a case which brought this entity to our attention illustrates some of the points cited above. It should be particularly noted that the wrong diagnosis was entertained for some time and the true nature of the mass ascertained only at the time of surgical exploration. It should also be noted that satisfactory relief from symptoms of rather long duration followed excision of the muscle.

Case Report

1. A white female, age 42, was seen November 21, 1969. She stated that on the 15th of October, 1969, while packing some books, she struck the dorsum of the right wrist against the books. She had pain and noted swelling immediately afterward, but continued to work until the 16th of November when, because the pain was

increasing, she quit work. The pain radiated from the wrist to the forearm and sometimes to the shoulder. It was aggravated by active use of the hand.

On examination, swelling was found over the tendons of the index and middle fingers on the dorsum of the right wrist at the base of the second and third metacarpals. The swollen area was 3 cm in length and 2 cm in width, soft, possibly fluctuant and intimately attached to the deep tissues. The skin was freely movable over it.

It was our impression that there was tenosynovitis of the extensor tendons. She was treated by rest, immobilization in a splint and, on one occasion, with an injection of a steroid preparation. These measures led to a decrease in pain but the swelling persisted. She returned to work but found that work aggravated the pain. In March 1970, the mass was explored surgically.

A fusiform muscle 1 cm in width and 4 cm in length was found lying to the radial side of the extensor tendon of the middle finger, with a flattened portion that lay under the extensors of the index finger. This muscle took part of its origin from the extensor communis digitorum tendons to the middle and index fingers. There was also a tendinous slip at its proximal end which was attached to the base of the second metacarpal and to the lesser multangular. It was inserted by a tendon into the radial side of the extensor of the middle finger at the point of its expansion into the hood over the metacarpophalangeal joint. The muscle was excised.

Postoperatively, pain subsided rather slowly and she did not return to work until June 1970. When we saw her in October 1970, she was doing her regular work and had no pain in the hand or wrist.

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Radiation Treatment of Plantar Warts

H. H. DUNHAM, M.D.
C. J. ELWARD, M.D.
Wabash*

Introduction

IN an era when any medical procedure short of some type of organ transplant is considered routine, consideration of the lowly plantar wart is, perhaps, not an exalted medical topic. However, I think our statistics will indicate that this affliction is prevalent, if not dramatic. Drama is lacking in that plantar warts are common and also in that they do not threaten life or general health. Nevertheless, this humble lesion does produce genuine discomfort and even some degree of disability in certain cases. At any rate, consideration of this particular entity is prompted at this time by a brief review of the general subject of warts which appeared in *The Journal* of the Indiana State Medical Association, October 1970. Arlook[1] covers the subject of warts generally and describes several treatment modalities, some of which he does not appear to approve. He does not offer statistics of any sort and his comment on the use of radiation therapy is especially terse and categorical. Of it, he states: "The use of ionizing radiation is not advisable."

We, as practising radiologists, are confronted with the problem of plantar warts, on average, several times each week. Ignorant of Arlook's strictures and supported by succinct approval of radiation therapy for these lesions by Pohle[2] and by Tobias,[3] we have treated plantar warts for years without particular qualm. Also, from personal communication, we have been assured that many of our radiological colleagues have done the same.

With this introduction, we now intend to particularize by way of describing our general procedure and reporting a substantial series of cases for review, hoping to provide an impartial base for the practitioner to consider in trying to decide how these lesions may be managed as they present in everyday practice.

Selection of Cases

We doubt that the subject warrants exhaustive review of all cases in our files but we have simply started through our files alphabetically, reviewing all cases of plantar warts from A through F. This has supplied us with 146 unselected cases and we think this is a large enough series to be of real statistical merit without resort to highly sophisticated statistical analysis. We presume it will be conceded that a patient is not likely to have greatly different results with a given therapeutic procedure because his name happens to begin with the letter P rather than with the letter B.

There has been no selection of patients on the basis of age, sex, occupation, race, or other known personal factor. We have demonstrated that the average age of our patients is approximately 17½ years. The oldest patient was 58 and the youngest was 3.

Diagnosis and Clinical Considerations

In all cases diagnosis has been strictly clinical. Most cases have been referred by another physician and at least one of us has concurred before giving treatment. All lesions presented the clinical characteristics of plantar warts and all were symptomatic in some degree before treatment was considered to be indicated. Lesions ranged in size from 0.2 cm to as much as 1.2 cm. Some lesions were quite chronic and were associated with fairly marked thickening of epidermis. In some cases excess epidermis was shaved off before radiation was applied. Many cases represented lesions which had been present for approximately two up to six or eight months. We have made no effort to appraise results on the basis of chronicity of lesions.

Treatment, Technique and Management

All lesions were treated with x-ray generated at 80 KVP without added filter. Most lesions received a single air dose of 1500 R but some of the larger lesions received 2 doses of 1000 R (air) each, giving a second dose 24 or 48 hours after the first dose. In all cases the surrounding skin was shielded by lead, allowing a margin of 1 to 2 mm of normal-appearing skin around the lesion to receive the radiation. Even in the case of the smallest lesions, however, the opening in the lead shield was not less than 1.0 cm in diameter.

Patients were routinely followed between 2 and 4 weeks after the treatment. In general, patients were instructed to return at the end of

six to eight weeks after treatment if any symptoms persisted. If a patient did not return for a second follow-up visit, in the light of such instructions, we concluded that the result had been satisfactory. If a patient returned at six to eight weeks without satisfactory results, treatment was generally repeated. In certain cases where the first dose did not achieve satisfactory results, a single repeat dose of 1500 R (air) was applied. In other selected cases the repeat treatment consisted of two consecutive doses of 1000 R (air) each as noted above.

Summary of Results

We have already noted that the first 146 cases, listed alphabetically, have been reviewed. This suggests we have treated several hundred cases in the past eight years although we have not determined the actual number. Since many patients present with two or more lesions, the actual number of lesions seen is not recorded because many patients have clumps of lesions and the actual number may even be indeterminate in some cases. The review of the 146 cases does show that 193 lesions were treated, indicating that more than 1 lesion was treated in a significant number of cases. In some cases as many as four lesions were treated on a given day on a given patient but more frequently two or three lesions were treated. Generally when the lesions were more or less countless we selected one to three or four of the larger, older ones for treatment.

The results of this approach can be stated briefly:

1) Nine of 146 patients failed to receive a satisfactory result with persistent, symptomatic lesions; a failure rate of 6.1%.
2) Eleven patients required a second course of treatment with 14 lesions removed among these 11 patients.
3) All other patients (126) had satisfactory results on the initial treatment with removal of a total of 181 lesions.

It must be noted, too, that the figure of 181 lesions is low, because a number of cases actually had removal of more lesions than could be accurately counted.

We have had no undesirable results to date except for failure to rid the patient of the lesion. As a general rule there is no essential scarring, although the trained observer can detect very slight atrophy of dermal ridges in many cases. It seems fair to say that scarring is not in excess of that which may be noted following surgery or other treatment modalities. Needless to say, patients are generally quite grateful to be rid of lesions in such an expeditious and painless manner.

Radiation Hazard

Although we are at a loss to know why this treatment modality is condemned, we suspect that some vague reference to radiation hazard may be the reason.

We did not attempt to utilize sophisticated equipment to measure gonadal dose, but rather, while a treatment was in progress, we held an R-meter at various levels of the body. At 4 inches from the cone, the maximum reading was 0.15 R/HR, and at the knee level of an adult, the maximum was 0.05 R/HR. This amounts to less than 6 MR per treatment at the knee level. Taking into account the greater distance, the soft radiation, and the fact that this figure is based on skin dose, the gonadal dose would be infinitesimal. Film badges have been left in the treatment room, inadvertently, during the course of several treatments, and have shown no significant dosage. In view of these findings, we have concluded that the radiation hazard is very minimal.

Conclusion

We should note that we have listed among our nine cases of failure:

1) Two cases lost to follow-up examination.
2) One case in which "acid" had been used unsuccessfully on two or three occasions before we saw the patient.
3) One case in which two lesions recurred after an interval of two years without symptoms.
4) One case in which the lesion did not disappear but did become asymptomatic.

We believe this indicates a conservative approach to our evaluation of failure and we believe that a treatment modality which is successful in substantially over 90 per cent of cases deserves serious consideration. This is especially true if no potent contraindication exists. In our experience, tissue damage is minimal and acceptable. Our observations regarding general radiation exposure to the patient lead us to conclude that objection to this treatment on this basis virtually constitutes cavil. Certainly it can be stated that acceptance of this form of treatment by the patient is very high, particularly in the case of the patient who has experienced other forms of treatment for this lesion.

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The Case of the Intriguing Super-Ego—Id Impasse

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New York City

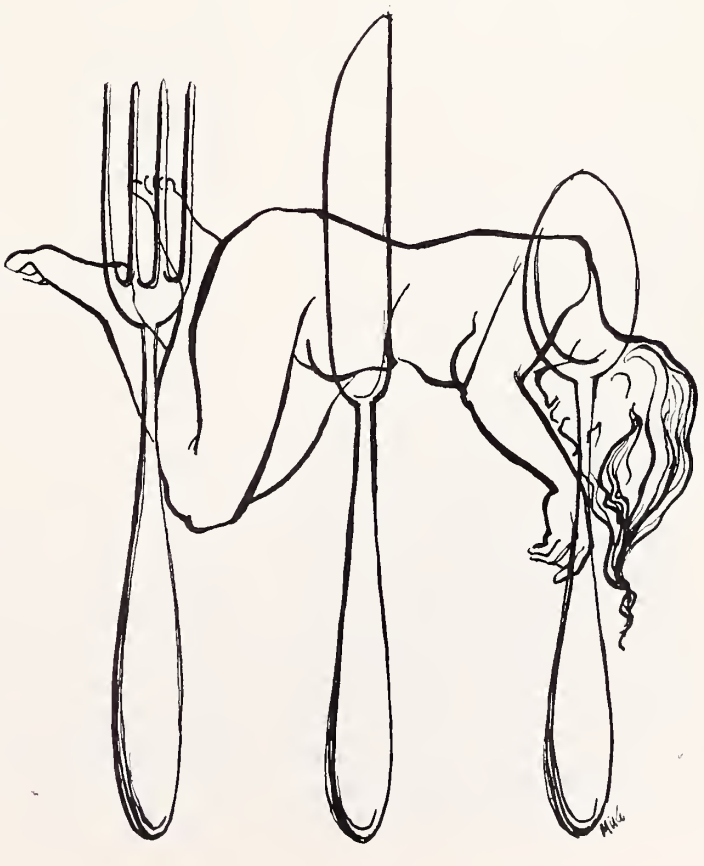
IN surprisingly numerous parts of our world, Cannibalism continues to be an accepted part of daily existence. In some places, it is still a time-out-of-mind solemn religious rite. However, to most of us, it is an abomination: we are conditioned to recoil in horror at its very thought. Back in 1848, Sir John Franklin sailed in two ships with 130 men in search of the Northwest Passage. He *did* discover it even if all in the party perished. It is a heroic tale; the bodies were not found until 1859. The Encyclopedia Britannica waxes eloquent—yet refrains carefully from telling us that the last few survivors froze to death even while subsisting on the flesh of those who preceded them to the next world!

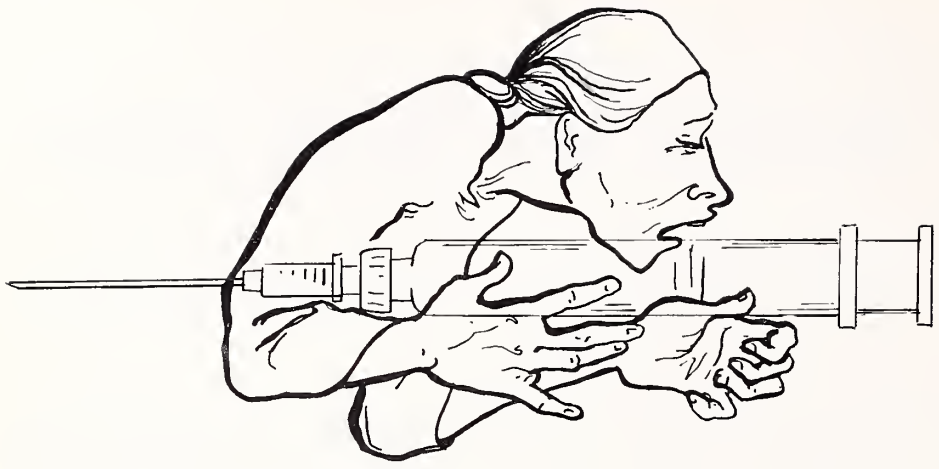
Anthropophagy, among contemporary survivors of Paleolithic Man, is not deemed a "verboten" topic. Thus, a recent long and beautifully illustrated article in *The National Geographic Magazine* on certain tribes at the head-waters of the Sepik river in New Guinea mentions the topic but illustrative pictures are NOT furnished. On the other hand, when a contemporary American such as William Seabrook writes on his personal experiences with "long pig," there is quite a bit of explanatory exegesis anent the author's aberrant streaks of sadism, homosexuality and other unsavory traits that (obviously) set him apart from you and me.

Curiously enough, the cult of the Feathered Serpent, the Quetzalcoatl of Middle America, the sect that makes a religious rite of consuming ceremoniously certain organs of its human victims, is treated by our press somewhere between the two extremes. Only within very recent memory has its origins and practices been subject to really searching, scientific scrutiny.

Which brings me to a recent Mike Douglas TV show. I happened to tune in just as a new guest was being ushered in and I did not quite catch his name,—something like Schneeman. He had been exploring in South America. On the eastern slopes of the Peruvian and Colombian Andes, he had spent several months with a previously unknown tribe of Indians. He had accompanied its raiding parties. In his abbreviated comments, he observed that the captured *men* were always slain, their flesh being consumed on the spot. Imperturbable Mike Douglas queried, "How did the meat taste?" "Very much like pork." This cultured European's voice was totally matter of fact. I sat up ramrod straight in my seat scrutinizing the screen with sudden focusing attention. This chap seemed totally without emotion or even a hint of self-deprecation.

As I stared, I could not help but think of Nora Nevski (of course, a pseudonym), a recent patient still very much on my mind. How would this TV guest have reacted had he been in *her* shoes? Right there and then, I resolved to record a macabre





footnote to history—unhappily all too true.

This slip of a middle-aged spinster had come to me in routine fashion. The last of a sequence of consultants, a psychiatrist, had been baffled by her. He wanted her to receive subconvulsive metrazol therapy. I had written on this modality these many years; some doctors have the notion that I can succeed when others have failed.

The woman was immaculately clean; the greying hair was swept back into a neat, unadorned bun; there was no trace of makeup on her face; the carefully trimmed fingernails were scrubbed to the aseptic quick. Certainly, she lacked the usual schizoid hallmarks of whatever variety. The gerfalcon-hooded, glacially remote eyes shone with superior intelligence even as she inhabited the remotest of Shangri-Las.

The secretary had placed in front of me the usual card with the barebone biographical data. Nora had been born in Petrograd (now Leningrad) on November 7, 1917, the very day of the Bolshevik Uprising! An excellent student, a Komsomol activist, studied with Pavlov starting in 1935, etc. I had attended the XIII International Physiological Congress; it had been held in Moscow to honor this world-renowned scientist. My command of Moscow idiom is really excellent. (Why have false modesty?) Attempting communication, I switched to Russian, "Young lady, do you recall the Physiological Congress in that very year? It was held in Russia because all the world wanted to pay homage to Ivan Petrovich."

My unexpected switch to Russian struck a suddenly responsive chord. "Oh, yes! Prof. Lena Shtern was my teacher but all the students were commanded to attend. We, even received free tickets to the closing banquet held in the Georgian Hall of the Great Palace inside the Kremlin!"

"Do you recall the enormous mural portraying the Battle of Kulikovo Field in 1381—the decisive victory there liberated the Duchy of Moscow from the Tartar yoke?"

"But, of course! Repin thought it the crown of his painting career!"

"And—Miss Nevski—do you remember the huge sugar dog, all lit up inside, that was brought in with 85 candles blazing on its back in honor of Prof. Pavlov's birthday? Do you recall the way he leaned forward and blew them all out with just a couple of puffs?"

"But, of course, Dr. L.! We all commented on the vigor of his moujik ancestry!"*

The brightening recollections helped—almost—get Nora out of her cocoon. But this momentary rise above her Lake Avernus was all too brief. As I tried probing questions, she sank back into her own sulphurous Gehenna. Well, it was at least a start—maybe—in the right direction. The lady was admitted on my service in an excellent hospital. After the usual preliminaries, the tedious course of sub-convulsive metrazol therapy was initiated.

Her thirties were navigated almost routinely. There was some anguish as, e.g., the recall of Marshal Tukhachevski's young nephew. This budding professor and Nora had been planning to marry. In the great Stalin purges of 1936-38 he had simply vanished. It was after this harrowing mishap that Miss Nevski decided to leave Moscow and return to the comparative safety of Leningrad, where she took the University position of a privat-docent. She resumed life with her parents.

With growing difficulties, I extracted from the patient the recall of June 21, 1941, the fateful day on which Hitler's hordes burst into an unprepared Russia. It is some sort of a Satanic satirical skit (even if all too true historically) that paranoic Stalin, who suspected all the people around him, trusted only one person: Hitler! When Sorge, the fabulous spy planted in Japan, passed to Moscow the blueprints and the exact date —Stalin negligently shrugged it off. When Churchill was able to convey the identical information (the West-

* There is an amusing anecdote re that banquet that still lingers in my memory. In front of our places, we found a row of no less than 10 glasses. One was filled with a clear liquid. Some of my American colleagues thought this was water: they tossed it down. Too late they discovered that the fiery fluid was vodka— "only" 190 proof! Within minutes, no less than seven were prostrate under the table; the rest of the evening just passed them by.

ern Allies having cracked the Nazi code), Stalin assumed that this was just another ploy by the wily English to ensnare the Soviets into the War.

From here on in, my metrazol shock sessions began to run into ever less penetrable barriers.: the Super-Ego just ceased communicating with an unreachable Id! The intravenous dosages kept increasing until we had to resort to Anectine (succinylcholine) which helped prevent the opisthotonic spasms that could have broken Nora's back! The quantities of the I.V. medications got to be so ludicrously high that I took the precaution of having Miss Nevski sign one of those "informed consent" forms. Also, no less than three consultants agreed in writing that the need for the treatments overrode all other considerations. We even resorted to putting the poor woman into a straight jacket before slamming the medication into her.

And then: we cracked a chink in the armor shielding the buried subconscious. As Nora was emerging from the tonic and clonic convulsions —quite suddenly, she sat bolt upright! Very distinctly, I heard her murmur (in Russian): ALMIGHTY GOD, MY GREAT LORD! FORGIVE THIS SINNER'S BESETTING TRANSGRESSIONS! She stared in terrified horror at the miasmal phosphene evoked, wrung her hands —and collapsed into the deepest faint conceivable this side of Death!

The barely breathing patient was revived and relaxed with massive dosages of the phenothiazines. Some semblance of equilibrium was attained. Only then did we dare restart the metrazol at *sub*convulsive levels. Slowly—but definitely—more information was dredged up.*

Of a certainty, the Nevski family was a member of the Soviet power elite. They owned a dacha on the Gulf of Finland near Terioki. In the square next to St. Isaac's Cathedral (now a museum) they were the sole occupants of a large flat fully equipped with all modern conveniences. The Nevskis had had the foresight to lay in a large stock of basic foods, "just in case."

No one really expected the Hitlerites to reach Leningrad; Moscow was the acknowledged target. Stalin's inept bungling plus the intervention of Mannerheim's Finns (who were still smarting from their decisive defeat in the winter war of the previous year) produced the unthinkable! By August, Leningrad was beleaguered and cut off from the rest of Russia.* Heavy artillery was pounding the proud metropolis at point-blank range. Lake Ladoga remained as the only tenuous link with the outside world. Neither food nor army materiel was reaching Leningrad in more than a mere driblet. Starvation set in; more than ONE-HALF of the city's civilian population was to perish of sheer inanition before the travail was over. Bayonets, swords and grim grit had to stop the fascist tanks, planes and guns!

A. Zhdanov, the commissar in charge of Leningrad's defense, had just that total, fanatic dedication needed to stave off the Wehrmacht, no matter the price in whatever coin. Now it is hard to recall that Leningrad, Russia's former capital and second city—a metropolis the size of Chicago—was on the very periphery of the Soviet struggle for survival. The turning point of the War was not to come until the Battle of Stalingrad, a whole agonizing year later. In that first bitter winter of 1941-42, it was Zhdanov's task just to hold—with teeth only, if need be—but *TO HOLD!* The daily shellings destroyed most of the above-ground structures. Not even the underground bunkers were really safe from the point blank, direct hits.

Nora Nevski was quite amenable to narrating her personal experiences that harrowing winter—but only up to Christmas Eve 1941. It was searingly certain that the phosphene that had produced her dead faint was simply refusing to re-emerge: the Id was shying away from the Super-Ego. Still, the curtain had been chinked once; it was our task to get through on a permanent basis. After some prolonged consultations, we settled on a try with truth serum (amobarbital) And—in only the second session—we unmasked the culprit!

Nora trembled and stuttered; she gazed dumbly and then mumbled; then, all at once, the dam broke and we were inundated with a veritable torrent of words. On Christmas Eve, our spinster had departed early for her tour of duty deep in a bunker less than a square from her apartment. Her parents had stayed put. They were deeply religious, Russian Orthodox communicants. On this special evening they would pray before their corner icon; the next morning, they planned to attend services at the Cathedral, confess and partake of the Eucharist. In the evening, the Communist Apparatchiki were giving the Dedushka Moroz (Father Frost) affair. They looked forward to this gala event.

The Nazi bombardment had been

* Functional Organization of the Brain, A. R. Luria, *Scientific American*, March 1970: Vol. 222, #3; pp. 66-79.

* Today, very few people know that the very name, *Russia*, comes from RUS. This is a corruption ot the Finnish word for the RUOTSI, the "rowing way": their term for the Swedish Vikings led by Rearick. It was he who initiated Russian history in 862 A.D. by conquering the local tribes and founding such cities as Novgorod, Kiev and other now famous places. These Vikings swept all the way to the Black Sea and Constantinople. In the 10th century, Prince Vladimir brought Christianity to his Russian domain. His granddaughter, Elisaveta, married Harald Hardraada. It was this last Viking king who fell in battle with the English. That was in the crucial year 1066. Was it this grueling fight that made the crucial difference at the memorable slaughter at Hastings less than a month later??

particularly venomous and concentrated; Nora just could not leave her post until well past midnight. The thermometer had plunged far below zero; the howling blizzard was drifting the snow so heavily that she could barely stagger to the dark foyer of her building. The apartment door opened normally; she entered—she SAW!!

An incendiary shell had entered the casement window opening with exactly the "right" trajectory. It flicked the backs of her parents' necks as they were sitting before their icon, their Bibles in their laps. Inexorably the dread missile flew through the open door of the kitchen and on into the storage room crammed with the carefully hoarded provender. Only then did the projectile explode. The ensuing fire consumed everything flammable in that confined space; nothing else in the apartment appeared damaged. "Only" Nora's parents continued to sit: their necks broken, the skin flayed off their shoulders, the Holy Bibles still clutched tightly in their frozen fingers—the deadly frost or rigor mortis? It really did not matter, as both had left their mortal coils these many hours. The snow blowing in through the broken casement had snuffed out the partially guttered candles. How dare we expatiate on what had greeted the bereaved woman? No wonder that this phosphene had literally broken Nora's mind.



The verbal avalanche had been tape recorded; the preceding paragraph gives only the merest, muted outline of the mise-en-scene. Even the most case hardened medic can gaze admiringly at the beautiful memorial erected after the war at the Piskarevsky cemetery where 10 million hunger-slain Leningraders lie in mass graves. The conscious mind of this same doctor simply boggles at the stark knowledge that, in that gruesome first winter, literally thousands of the bodies awaiting burial were butchered in the dark of the night and used as "proviant" (food), by untold other thousands who thus managed to survive the first winter of what was to be a 900-day siege. Full documentation can be obtained by reading such volumes as the one by Harrison Salisbury (among others). Even with live TV coverage, does the well educated individual really *FEEL* the impact of *P*rotein *C*alorie *M*alnutrition? Did the sight of Biafra Kwashiorkor give us that deep down queasy reverse peristalsis? Does Yevtushenko's "Babi Yar" produce more than a patter of polite applause? Well! just try to ponder and *really* comprehend this solitary statistic: At the end of 1941, the *daily* ration of a civilian Leningrader was all of 125 grams of shoddy bread—these four ounces furnished a mere 400 calories towards the rock bottom minimum of 1500 calories an adult needs just to sustain life!

Nora Nevski survived that bleak winter by, first, salvaging every charred fragment of victual in that bombed, burned out closet. Second, she consumed daily slices of flesh removed from the solidly frozen, well preserved bodies of her parents! Let us mute the searing, sinister, stochastic hermeneutics anent the LENINGRAD CANNIBALS. . .

By the time the totality of this information had been gleaned, I had known Nora Nevski for some months. The attending physicians (myself among them) were really preening themselves at having been so successful in solving so tangled a skein. I will delete the really interesting story of Nora's post-WWII peregrinations that led her finally to NYC. It bears no relevance to our narrative. BUT: Let us recall the proverb that pride always goeth before the great fall.

Barely a week subsequent to that final session I received a late evening call from the YWCA at which Nora resided. The woman had become violently ill: her regular doctors had been called in succession. They had declined to come as they made no house calls—especially in *that* neighborhood. Could I possibly come over? Nora was put on the line; she sounded very much frightened with the sudden agonizing lower abdominal, gripping-in-a-vise, nauseating pains. I'm still a member of the rapidly shrinking medical minority that will make really urgently needed visits. And: I don't have the sense to worry about *that* neighborhood. I went.

The distraught spinster was not exaggerating: the abdominal wall was in spasm; there were no bowel sounds; she flinched at the merest touch of my hand. In the RLQ there was a grapefruit sized, solid mass! To put it mildly, I was perplexed by the clinical picture. Was it a bowel volvulus or intussusception? mesenteric thrombosis? One of those aberrant ovarian cyst adenomas?

Time being of the essence, I alerted the surgical team, gave Nora a maximal syringe-ful of pain killer, hand carried her to my car and took off for the waiting operating room. Within the hour, the surgeons were exploring the abdomen. We were startled to see a huge mass binding the right ovary to the cecum. It was that rara avis: a *Krukenberg* tumor, "fibrosarcoma mucocellulare carcinomatode." The primary was in the

ascending colon. A small metastatic nodule was discernible in the liver. Frozen sections revealed the typical signet ring cells.* The tumor must have been growing most of the time poor Nora was being attended for the troubles we have been detailing above. How on earth had we all overlooked it?

Nora had had a Pap smear the previous year; report: "normal." The pelvic exam of that day was silent anent any abnormalities. Her vague digestive symptoms inspired an upper g.i. series: "no pathology noted." There was no record of a barium enema, even if a sigmoidoscopy was "within limits of the expected." My own role had been only for the specific purpose of giving the metrazol. I had relied on the luminary attendings and had performed only a perfunctory physical going over. *Still*: that mass should have been noted long ere the day I put my hand on it.

The offending obstruction was easily relieved by the eminent surgical experts; their closure was tight; the small drain was removed in a few days. The physician in charge asked for my presence when he was to tell Nora her plight. Maybe, he thought, my command of Russian would be of some help. The courageous woman never blinked as much as an eye! Her decision was immediate, "When my time comes, I want to lie in the Piskarevski cemetery. I remain a Leningrader; that is where I belong!"

There was no swaying this survivor of the siege. Within the week, she was on an Aeroflot USSR plane heading straight home. Not too much later we received word that her final wish had been granted.

This already overlong tale must close. A mere M.D. cannot sermonize. Yet, I do wonder which of the 13 attributes of God (so magnificently analyzed by Moses Maimonides eight centuries ago) are to be invoked here. Will some learned ecumenical seminarist step into this particular breach? At my advancing age, I would like to retain some remaining shreds of faith. ◄

* *Color Atlas of Pathology*, Lippincott, Vol. 2, pp. 117, 212-213.

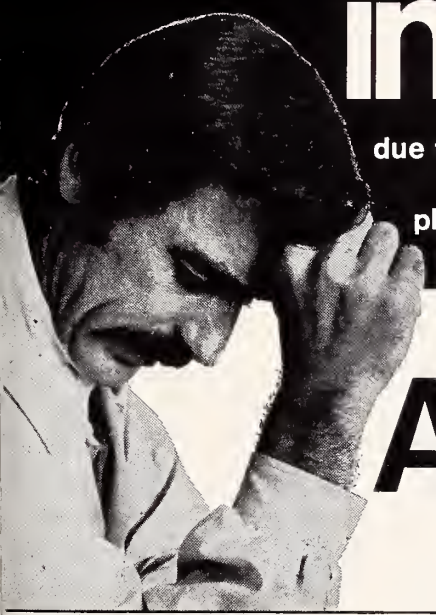
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References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Hexachloraphene Merry-Go-Round

THE U.S. Food and Drug Administration is developing reservations concerning the safety of hexachloraphene following reports that untoward results have been observed in rats and monkeys previously exposed to the drug in abnormally large quantities.

Such reports should be interpreted with great caution. In the case of the experimental rats the animals were fed hexachloraphene. No one has ever recommended the oral route for human beings. In the case of the baby monkeys, one authority estimates that from four to six times greater amounts were used than is customary for humans.

The FDA, in announcing restrictions on the use of hexachloraphene, stated that there has been no evidence of harm to humans when it is used as recommended. One of the standard cautions has been for careful clear-water rinsing after bathing.

One encouraging development is the calm and unexcitable reaction of the Canadian Health Department's food and drug directorate. The head of the directorate said that the bacteria-destroying chemical has been used without ill effect for more than 20 years to bathe newborn infants. Other than advising physicians to ensure careful compliance with instructions for proper use, the Canadian said further that his committee would monitor further developments and would not change policy until results of experiments were known.

The backlash effect in the United States is already evident. There are reports of nurseries wherein epidemics of staphylococcal skin disease have developed following discontinuance of hexachloraphene bathing.

It doesn't take a very long memory to go back to pre-hexachloraphene days when such epidemics were stubborn and dangerous—sometimes being associated with fatalities.

Further animal experimental studies are being done. In view of the fact that no human toxicity under normal use conditions has ever been reported, it would seem to be wise to await the additional information which will be provided.

Vermont Initiates Training In Ambulatory Medicine

THE University of Vermont College of Medicine is initiating a training program to strengthen the education of doctors in the office practice of medicine and other types of ambulatory care. A grant of $255,000 from the Commonwealth Fund will finance the project.

Training in clinical medicine has been out of balance in the U.S. in that, while ambulatory medical care is the primary form of medical practice, in-hospital care gets most of the emphasis.

Vermont will develop a teaching program on methods of ambulatory practice designed to provide comprehensive care to patients and their families on a continuing basis and at reasonable cost.

The College has established a campus-based group medical practice which will be responsible for care of patients and families from the surrounding community. The new service will be based on the problem-oriented approach and will operate under the problem-oriented record system devised by Dr. Lawrence L. Weed.

Most physicians trained in recent years have had internships and residencies in hospitals devoted largely to in-hospital care. Most physicians, also, in recent years have preferred to settle for practice in large towns or cities where hospitals are readily available. Could it be that they do this because their training has been

for this type of practice? Could it be that they have shunned small communities and rural locations, not because they were not interested in people and their troubles, but because they had not had sufficient training in ambulatory medicine?

It will be interesting to see whether physicians trained in special ambulatory-medicine training centers such as Vermont's will come out with an enthusiasm for the type of medical practice we need the most.

Guest Editorials

Call in A Specialist

IF there is anything which the American community of physicians does not need, it is another academy or society of limited interests and talents. Already we are so divided into cliques of identity that we have difficulty remembering that we have a single, common objective . . . the preservation and protection of the health of our patients. The sometimes diverted, often distracting purposes of our categorical, professional associations have seriously constricted our vision and impaired our comprehension of the real problems facing us. We find ourselves working and living in a divided house, diseased with misplaced loyalties.

In view of these facts, it is ironic that the most significant, differentiating characteristic of the physician has not served as the basis for a specialty organization in which the only requirement for membership would be that the candidate be engaged in the full time, private practice of medicine. Such an organization is sorely needed, and now, to represent and speak for the nation's largest, most experienced and best qualified group of experts in health care delivery; the practicing physicians.

Certainly the practicing physician, employed solely by his patients, is a specialist in the truest sense; he limits his professional services to those needed and requested by his patients. He is, indeed, an expert in the practice of medicine; he devotes his life to the delivery of health care at the consumer level. He is the real authority on what his patients need and what they will accept. It is he, rather than his inexperienced, nonpracticing colleague who should provide the leadership and counsel for all those groups and individuals working to develop improvements in our health care system.

An "Academy of Private Practice" could effectively bridge the gaps in understanding which presently exist between the private practitioner and the employed physician; between the traditional specialist and the nonspecialist. It could reduce the friction of the town-gown relationship. It could make invaluable contributions to education in the field of medical arts. It could promote the rapid and efficient adoption of newly developed diagnostic and therapeutic techniques. It could give an authoritarian, expert voice to the consensus of its membership. Ultimately, such an organization could prove, through its work and its accomplishments, that the physician in private practice is neither tainted nor blinded nor motivated by greed. It could prove that the physician in private practice is a conscientious citizen, possessing unique and special skills; genuinely expert in providing medical care.

Membership in the "Academy" would be open only to the physician whose major source of income was his patients' fee-for-service payments. Such provision would cut across lines of all membership requirements for existing professional and specialty groups. It would bring together those physicians sharing a common objective; that of preserving the private practice of medicine; not for themselves alone but for the millions of American citizens, presently mute but dedicated to the same objective. It would, perhaps, find a voice for the silent majority.

If things went well, it could be that some medical college would create a "Department of Medical Practice," designed to better prepare its students to enter the specialty.

That's a lot to hope for.

If things went exceptionally well, it could be that the President of the United States might even appoint an expert in health care delivery to some federal bureau engaged in designing health care delivery systems.

Is that too much to hope for? **—Mark R. Johnson, M.D., *The Journal*, Oklahoma State Medical Ass'n, Nov. 1971. Reprinted with permission.**

Things We Can or Cannot Change

V. About Relations with the Medical Profession

ALTHOUGH personal and professional relations between pharmacists and physicians practicing at community levels are, in general, cordial and cooperative, it is unfortunate that some officers of national pharmaceutical associations in their zeal to present a "new image" of the practitioners they represent, fail to bridge the gap between their dreams and situational reality.

In the actual everyday routine practice of medicine and pharmacy, physicians and pharmacists reach a mutual understanding and regard for each other's function and responsibility in the best interest of the patient.

Such understandings are not negotiated in legal terms. They require no policing. They cannot be forced into being by law or regulation. Nor can they be created by intra or interprofessional codes of conduct or etiquette or resolutions. They happen and exist because dedicated practitioners want both paying and nonpaying clients to receive honest, high quality, humane and thoroughly competent medical care.

The physician's respect for and greater utilization of the pharmacist's

knowledge of drugs and therapeutics is on the increase as the medical profession becomes more aware of pharmacy's educational program. This is particularly true in hospital practice where members of the health team come into personal contact with each other as they work on problems arising with treatment of patients. Here the drug-consultant function of the pharmacist is expanding rapidly and community practitioners of medicine are learning from their hospitalized patient contacts what may be expected from a knowledgeable and alert pharmacist in the way of helpful information and service in general community practice.

This situation must not be disturbed by flamboyant oratory and claims of abilities which are not possessed or which transgress the bounds of propriety and legal prerogatives of the respective professions. For example, in recent public hearings before the Ways and Means Committee of the House of Representatives on proposed legislation to provide a national health insurance program, a pharmacy student claiming to represent 12,000 colleagues in 71 colleges of pharmacy told the committee that students "view the present health care team as a farce without substance or structure. . . ." Furthermore, he went on to say, "pharmacy students have not only performed drug related services, but they have also functioned in health screening activities to the point of making minor diagnoses on problems all the way from hearing deficiencies to hernias."

Listening to this and reading some of the statements and reports of speeches in recent pharmaceutical publications on what should be the pharmacist's prerogatives with reference to the diagnosis and treatment of disease, tempts one to exclaim with Cassius, in Shakespeare's Julius Caesar:

"Now, in the name of all the
Gods at once,
Upon what meat doth this our
Caesar feed,
That he is grown so great?"

Back in 1803 Thomas Percival, M.D., a renowned English physician, published a volume entitled *Medical Ethics; or, a Code of Institutes and Precepts, adapted to the Professional Conduct of Physicians and Surgeons.* It contained a chapter entitled: "Of the Conduct of Physicians Towards Apothecaries." The third paragraph of this chapter reads:

> This amicable intercourse and cooperation of the physician and apothecary, if connected with the decorum and attention to etiquette, which should always be steadily observed by professional men, will add to the authority of the one, to the respectability of the other, and to the usefulness of both. The patient will find himself the object of watchful and unremitting care, and will experience that he is connected with his physician, not only personally, but by a sedulous representative and coadjutor. The apothecary will regard the free communication of the physician as a privilege and mean of improvement; he will have a deeper interest in the success of the curative plans pursued; and his honour and reputation will be directly involved in the purity and excellence of the medicines dispensed, and in the skill and care with which they are compounded.

As the division of labor in the treatment of the sick proceeds and new professionals are created to carry out specialized functions, it is important to remember that thus far, in theory at least, formal *medical* care is initiated by physicians.

The personal and professional relations of pharmacists with physicians, and demonstrations of pharmacy's capabilities to physicians, are therefore more important than ever. **—Robert P. Fischelis, *Drug Intelligence and Clinical Pharmacy*, Vol. 5, Dec. 1971. Reprinted with permission.**

Wife

A man cannot love an unhappy person. This is a biologic reef on which a million marriages have foundered.

A woman's response to crying is instinctive, maternal. Because she assumes that she can fill a need she is willing to investigate. When her husband is moody or unwell she will want to know why. She will demonstrate sincere interest and care.

Not so the man. His innate reaction to crying is not tenderness but aversion. If his wife is unhappy or ill he is likely to convey little or no solicitude. He will seem disinterested or even a bit annoyed. Her need of love, her wish for reassurance may then dispose her to further display of her suffering or unconscious dramatization of it. But this will just push him away. It is unfortunately true that a woman can expect more understanding and sympathy from any stranger than from her own husband.

A man does not want to be this way. In a given instance he may be fully aware that he is not at fault, that he is not being blamed or punished. He may wish earnestly that he could express his concern. Yet the unconscious resistance is there, the instinct to turn his back on any unhappiness his wife may have. It is a peculiar and primitive sense of inadequacy, and irrational presumption that he will be a disappointment, that instead of helping he will only make things worse. A wife cannot appreciate this characteristic in a man. It would be unrealistic for her to judge her husband by it. Sympathy is not a fair measure of a man's devotion.

Men readily admit that they do not understand women. They make wry jokes about it. Women think they understand men. "They are just little boys." "I know my husband better than his own mother did." A woman was explaining her husband's purchase of photographic equipment as a liking for expensive toys. In her matronizing way she was indulging and excusing him. She will never guess his secret reason for choosing a hobby that will keep him at home.

In some ways a woman's worth seems to diminish with time. She will bear no more offspring, and the children she has will outgrow their

need of her. Meanwhile a man's worth in his own world is usually increasing. How will she compensate? How can she keep some sense of equality in relationship to her husband? By devaluating him in his private life. She may proudly acknowledge his professional accomplishments. But elsewhere and in front of others she will treat him like a dense child. Mother-knows-best, she will tell him what clothing not to wear and how not to behave in this or that social situation. The man will shrug and enter into this conspiracy to support his wife's sense of value. It is quicksand, however. Other women do not depreciate him. do not take it on themselves to find fault with him.

Or the wife may err in the opposite direction. Feeling unworthy and insecure, she may begin asking her husband's advice in matters in which he is no more expert than she. In any relationship one should be chary about asking advice. To ask advice is to invite criticism — and too soon the criticism comes without invitation. It sounds brittle but it is a wise policy never to accept unsolicited criticism on the one hand and never to offer it to others.

By the same token it is rude and insensitive to ask the type of how-come question ("How come you burned the toast?") which is both an accusation and a demand that the other person defend himself. Before asking any question one should think whether it can be answered at all or whether the one who replies will just lose face.

This matter of defensiveness is absolutely important. The marriage license is not a license to criticise. If you think of any neurosis or any psychosomatic disorder it will be one which a subtly cruel or stupid person can inflict on his or her mate. Do you know why? Because those illnesses are defined by the defense mechanisms, are caused by unsuccessful efforts at defense. The husband or wife who is not put on the defensive will not have to resort to repression or denial or rationalization or hyperventilation or any of the other miserable devices to control resentment and reduce anxiety.

We really do love a person who never puts us on the defensive. In such an atmosphere there is no ambivalence and we can relax and be ourselves. This is the oxygen of mental health and the breathing of a good marriage.—**William B. McGrath, M.D., *Arizona Medicine*, Dec. 1971. Reprinted with permission.**

Driving into a No Fault State? Here's How New Rules Affect You

YOUR present auto liability insurance will continue to protect you if you drive from another state into Massachusetts, Florida, Illinois, Delaware or Oregon, the five states with major no fault insurance laws. But note these provisions regarding out-of-state motorists:

Coverages Needed: None of the five states requires out-of-state motorists to buy the new no fault coverages except Florida. which requires nonresidents to comply with the new law if they spend more than 90 days in the state during any 12 month period.

Eligibility for No Fault Benefits: Nonresidents are not eligible for no fault benefits unless they are injured as a pedestrian or while occupying a car registered and insured in any of the five states.

Right to Sue: If you drive an out-of-state car into any of the five no fault states and have an accident, you may sue as before. But if you become eligible for no fault benefits as a pedestrian or passenger in an in-state car, you become subject to other provisions of the new laws such as mandatory arbitration of small claims and various limits on "pain and suffering."

No matter where you drive, be sure your auto insurance policy contains adequate liability coverage. Every state requires proof of financial responsibility if you're in an accident. You'll need at least $25,000 limits to meet minimum requirements in some states.—***Journal of American Insurance*, Jan.-Feb. 1972. Reprinted with permission.**

Editorial Notes...

More prescriptions are written for patients whose drug bills are paid by third parties than is the case in which the patients pays directly. Also, prescriptions paid for by third parties specify a longer duration of therapy, according to researchers at Temple University. The ratio of generic to trade name drugs was the same in both types of payment.

The amount of silver used industrially exceeds the amount that is mined. The recovery and reuse of silver is important if we are to continue to use it in large quantities. X-ray film is one source for recycled silver. In three years the VA has recovered $2.2 million worth of the precious metal from x-ray films. The policy was pioneered by the VA and is a model for other agencies.

Dubois County, Indiana, accomplished an unusually thorough community diabetes detection survey. A very high turnout was accomplished during a one-day-per week/five-week program. It was the first detection program conducted in Indiana under the theme "Why Wait? Diabetes Doesn't. Be Tested Now." The Dubois County Health Department and the local medical society screened 5114 persons in Jasper, Ferdinand, Dubois, St. Anthony and Huntingburg. About 5% of the total were referred to their doctors as diabetes suspects. Almost one-third of the adult population of the county was tested.

Drug addicts and alcoholics should not be on the same ward. So says the VA hospital at Oklahoma City. The drug patients are mostly under 30 and the alcoholics are usually over 50. Each group disagreed with most of the behavior of the other group. The only thing they both agreed on was that the other group was what they were trying to forget. The hospital moved them to separate wards. Result: the hospital is much happier.

Diabetic retinitis is receiving publicity from the National Socicty for the Prevention of Blindness. It is rapidly becoming the most common cause of blindness. Due to the fact that the number of known diabetic persons has increased by 9% annually since 1958, and paradoxically, due to the fact that diabetes is so well managed now that diabetics survive the disease long enough to develop retinitis, it is expected that, by the year 2000, more than 573,000 diabetics will be blind or severely impaired. This is more than the number of blind from all causes today. The National Society is launching a campaign of public and professional education and a call for more research.

Foodborne infections acquired on airlines are difficult to recognize because the passengers have landed and dispersed before becoming ill. Such infections are also difficult to investigate because of the interval prior to recognition and the distance at which the flight originated and the inaccessibility of the primary food caterer. Recently 78 persons traveled from Bermuda to New York. It was three weeks later before it was learned that several passengers became ill after the flight. A telephone survey of 43 passengers showed that 44 percent of those interviewed had experienced gastroenteritis. *Shigella sonnei* were recovered from two of the patients. A review of what each interviewee ate implicated the seafood cocktail.

Adaptability is one of the essentials for survival in this changing world. There are mosquitoes now that are immune to DDT. And rats that are not eliminated by "'Warfarin." British health authorities have discovered that rats on Liverpool's docks now eat "Warfarin" as casually as if it were an appetizer. A new rodenticide is needed.

The University of Notre Dame has received a grant of $100,000 for research on cholesterol metabolism. The work will be done in the Lobund Laboratory. Studies on germfree animals will attempt to elucidate the theory that a difference in gastrointestinal bacteria accounts for the fact that some individuals maintain normal cholesterol levels while others, on the same diet, have abnormally high cholesterol levels.

Dr. W. A. Altemeier of Cincinnati reported recently that infections due to gram-negative organisms have increased fourteenfold in the past 14 years. This is thought to be due to the fact that most antibiotics are effective against gram-positive organisms, and one result of antibiotic treatment is to clear the way for gram-negative microbes.

Males are subject to greater mortality than females at every stage of life. The difference is small in children but rises to a peak at ages 15 to 24 and has a secondary peak at ages 55 to 64. Male death rates in the U.S. have changed little since 1950; the improvement in female rates has increased the differential. Metropolitan Life reports that deaths in males from accidents, homicides and suicides account for much of the difference and in the age bracket 15 to 24 the male rate for natural death is actually lower than the female rate.

Craigsville, Va., a town of 978, plans to establish a profitable industry devoted to processing garbage and waste from large towns such as Washington and Baltimore. Steel cans will be separated by a magnetic process and new engineering systems will classify and recycle the remainder. Paper, glass and other components will be recovered and the rest of the mess will be shredded into a medium for growing mushrooms. ◄

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Empirin Compound with Codeine relieves aches, pains, fever and general malaise of colds and of FLU

A gratifying announcement about Empirin® Compound with Codeine



You may now specify up to five refills within six months when you prescribe Empirin Compound with Codeine (unless restricted by state law).

It is significant in this era of increased regulation, that Empirin Compound with Codeine has been placed in a less restrictive category. You may now wish to consider Empirin with Codeine even more frequently for its predictable analgesia in acute or protracted pain of moderate to severe intensity.

Empirin Compound with Codeine No. 3 contains codeine phosphate* (32.4 mg.) gr. ½. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.



When you select this familiar antibiotic for IV infusion you have available a broad dosage range that hospitalized patients may need.

Intravenous Lincocin (lincomycin hydrochloride, Upjohn), with its 1.2 to 8 grams/day dosage range, covers many serious and even life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Lincocin IV therefore can be as useful in your hospitalized patients as its IM use has proved to be in your office patients. As with all antibiotics, *in vitro* susceptibility studies should be performed.

1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25–30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

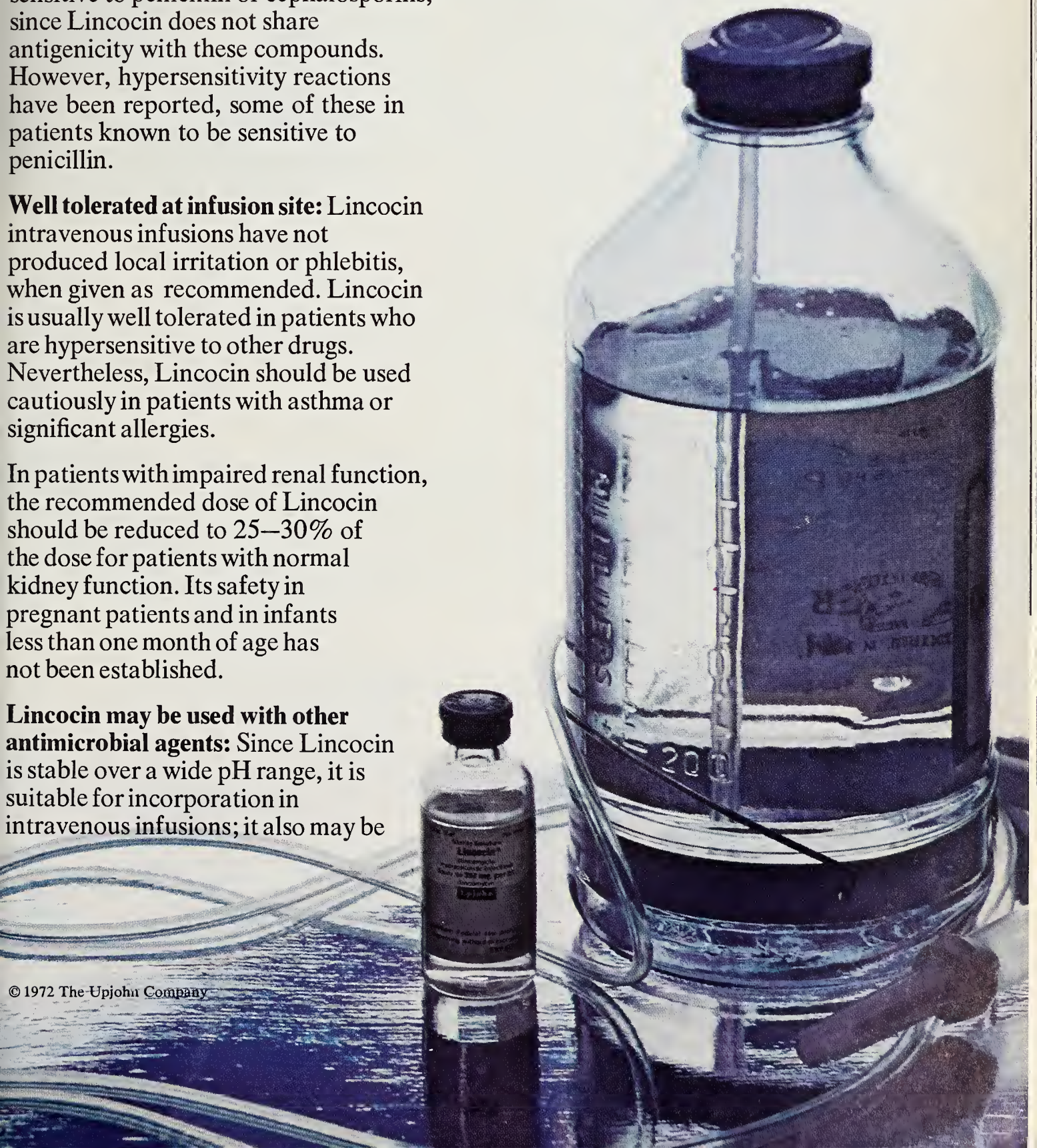
Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

Lincocin®

Sterile Solution (300 mg per ml)

(lincomycin hydrochloride, Upjohn)

For further prescribing information, please see following page.



© 1972 The Upjohn Company



Sterile Solution (300 mg. per ml.)

Lincocin®

(lincomycin hydrochloride, Upjohn)

Up to 8 grams per day by IV infusion for hospitalized patients with life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

Each preparation contains:	Lincomycin hydrochloride monohydrate equivalent to lincomycin base
250 mg Pediatric Capsule	250 mg
500 mg Capsule	500 mg
*Sterile Solution per 1 ml	300 mg
Syrup per 5 ml	250 mg

*Contains also: Benzyl Alcohol 9 mg; and, Water for Injection—q.s.

Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reactions*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

HOW SUPPLIED: *250 mg* and *500 mg* Capsules—bottles of 24 and 100. *Sterile Solution, 300 mg per ml*—2 and 10 ml vials and 2 ml syringe. *Syrup, 250 mg per 5 ml*—60 ml and pint bottles.

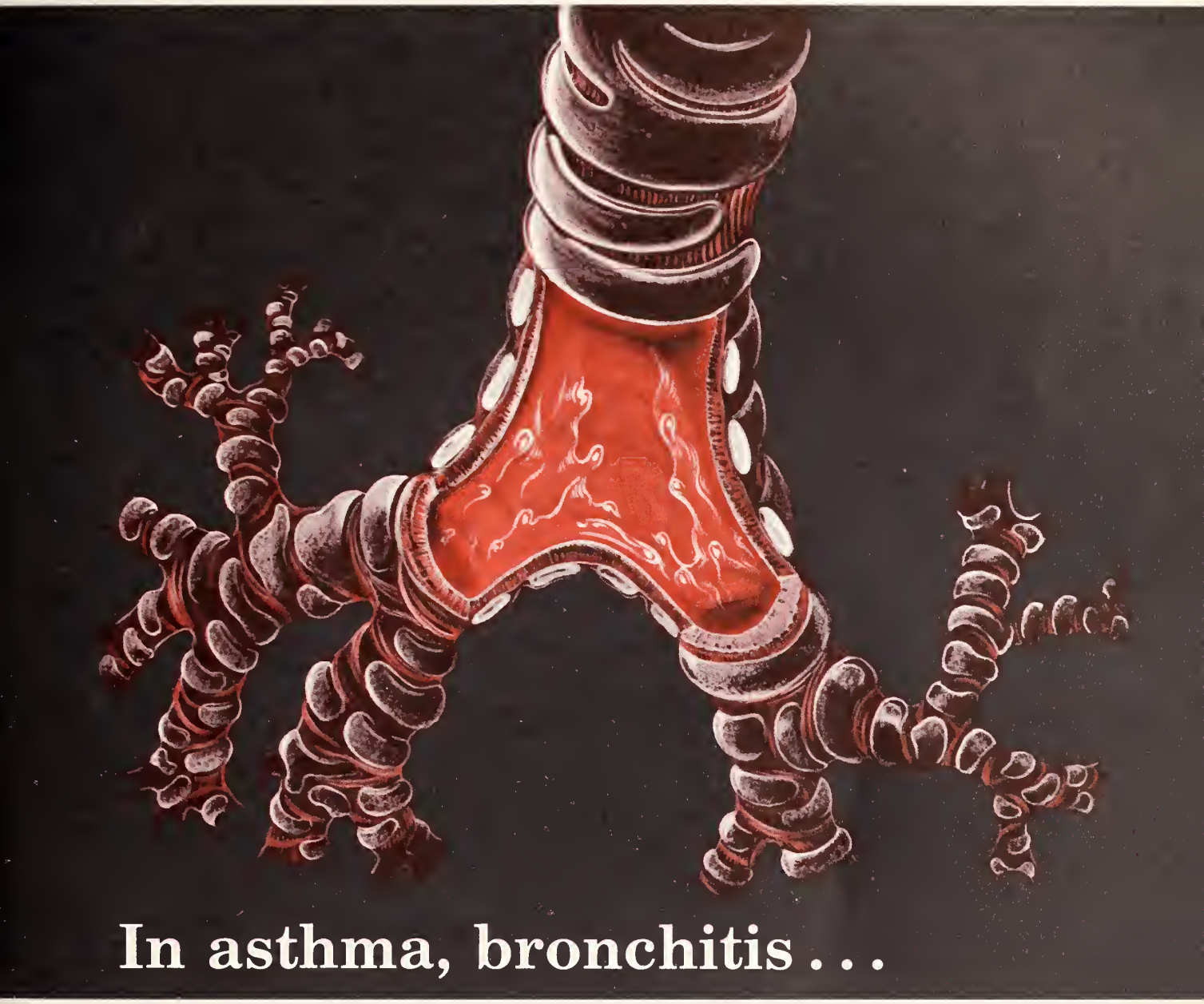
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MOVE-OUT STICKY MUCUS..



In asthma, bronchitis . . .

"Many physicians use iodides intravenously when they suspect that the main reason for airway obstruction is sticky mucus but oral iodides are more likely to exert an expectorant action."[1]

"For the viscid sputum, potassium iodide (. . . preferable as enteric coated tablets) may be best."[2]

Provide tastefree, well-tolerated KI in convenient SLOSOL coated tablets–

IODO-NIACIN®

Each SLOSOL coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg.

COLE

please see next page for prescribing information–

Promote Productive Cough-



"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."[3]

"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIDSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. ij tabs. t.i.d. p.c.

References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.

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PHARMACAL CO. INC.
St. Louis, Mo. 63108

The girth control pill



Tepanil® Ten-tab®

(continuous release form)

(diethylpropion hydrochloride, N.F.)

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause *CNS effects* such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic *cardiovascular effects* reported include anes such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. *Allergic phenomena* reported include such conditions as rash, urticaria, ecchymosis, and erythema. *Gastraintestinal effects* such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

1.332S (2076)

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Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

- □ Prevents painful night leg cramps
- □ Permits restful sleep
- □ Provides simple convenient dosage— usually just one tablet at bedtime

Prescribing Information—Composition: Each white, beveled, compressed toblet contains: Quinine sulfote, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention ond treotment of nocturnal ond recumbency leg muscle cromps, including thase associoted with arthritis, diabetes, voricose veins, thrombaphlebitis, arteriosclerosis and static foot deformities. **Contraindications:** Quinomm is contraindicated in pregnoncy becouse af its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instonces, ond quinine may praduce symptoms of cinchonism, such as tinnitus, dizziness, ond gastraintestinal disturbonce. Discontinue use if ringing in the eors, deofness, skin rosh, ar visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessory, dasage may be increased to one tablet following the evening meol and one toblet upon retiring. **Supplied:** Bottles of 100 ond 500 toblets.

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Trodemark: Quinamm

Quinamm

(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps.

TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

BEGINNING in 1972, taxpayers may elect to take either an income tax credit or an income tax deduction for political contributions. The maximum credit is $12.50 for single income tax returns and $25.00 for joint income tax returns. The maximum deduction is $50 for single income tax returns and $100 for joint income tax returns. A *political contribution* is a contribution to a candidate for nomination or election to any federal, state, or local elective public office in any primary, general or special election, for his use, to further his candidacy for nomination or election. A *candidate* is an individual who has publicly announced that he is a candidate for nomination or election to a federal, state or local elective public office, and who meets the qualifications prescribed by law. Generally, it will be more advantageous for a taxpayer to take the credit rather than the deduction. However, as a taxpayer's income tax rates go up, he will benefit more from the deduction. For example, a deduction of $50 made by a taxpayer in the 60% income tax bracket will save him $30—whereas his maximum credit would save him only $25.

Also, the investment credit is back. Thus, if you purchase tangible personal property, e.g., typewriters, file cabinets, desks, and automobiles, for use in your business, you may reduce your income tax by up to 7% of the cost of the property.

Recently, the I.R.S. issued an important ruling which may significantly affect those of you who practice as sole-practitioners or as partners. In this ruling, the I.R.S. stated that a self-employed person may: establish an employee accident and health plan; make payments (under the plan) to employees for the employees' own (or their families') medical expenses; and, deduct such payments as business expenses for income tax purposes. Of course, this part of the ruling is nothing new. However, the ruling went on to state that the employer may deduct such payments for income tax purposes and that the employees may exclude such payments from their gross incomes—*even if one of the employees happens to be the wife of the self-employed person.* Thus, until now, you self-employed persons have not been able to establish such plans, and then deduct the payments made to you or for your families as business expenses and to exclude the payments from your gross incomes—as reimbursed medical expenses. However, this ruling apparently authorizes you to do so indirectly if you make your wife a bona-fide employee and cover her (as you do your other employees under the plan). If you are interested, ask your lawyer to read Rev. Rul. 71-588.

Social clubs that discriminate by —e.g., denying membership to nonwhites—may lose the club's federal income tax exemption as a result. And, the loss of the exemption could produce extraordinary budgetary problems for social clubs that do discriminate. Thus, lawyers for such clubs should read and keep informed about the subsequent actions concerning the case of *McGlotten,* CCH § 12,827 (1972).

If you are interested in obtaining venture capital, then you should write for the directory of venture capital firms and Small Business Investment Companies that is published by Capital Publishing Corp., 10 South LaSalle St., Chicago, Ill. 60603. There is an art in obtaining funds from an S.B.I.C., and there are many different S.B.I.C.s from which you can obtain funds. Further, the S.B.I.C.s do not all specialize in the same types and amounts of loans. ◄



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ABSTRACTS, BOOK REVIEWS

BIOCHEMICAL PROFILING IN DIAGNOSTIC MEDICINE

Joseph A. Preston, M.D. and David B. Troxel, M.D., Technicon Instruments Corporation, Tarrytown, N.Y., 1971; 51 pages; $2.50 per set of 5 manuals.

This small paper-back manual is published and promoted by Technicon Instrument Corporation to aid in interpreting the data produced by the survey model of the SMA-12-60. During the past few years the increasing number of SMA-12-60's in operation has introduced most practitioners to the "Biochemical Profile." When a practicing physician first starts using the Biochemical Profiles he is confronted with a large amount of laboratory information. This may present unexpected abnormalities with resulting difficulties in their interpretation. This book helps to introduce the physician to the interpretation of this mass of information.

The book starts by listing the various diseases that affect each of the twelve tests performed by the SMA-12-60 survey model. Next, 32 charts of profiles of characteristic diseases are presented. This book should be helpful to any physician using the Biochemical Profile in his practice.

ELTON HEATON, M.D.
Madison

TREATMENT OF THE HYPERLIPIDEMIC STATES

Casdorph, H., editor, Charles C Thomas, Springfield, Ill., 1971; 426 pages; $31.75.

This text on the hyperlipidemic states covers the subject thoroughly and authoritatively. Its editor, Herman Richard Casdorph, Director of the Lipid Research Foundation, Long Beach, California, Director of the Lipid Research Foundation, Long Beach, California, and a faculty member at the University of California, has long been a leader in the field. Its contributors include a cluster of persons who have dealt extensively with the hyperlipidemic states.

Sections of the book include a review of lipid metabolism, hereditary aspects, diagnosis and classification, dietary treatment, pharmacologic agents, surgical treatment and selection of treatment by type. One of the most valuable contributions is by the editor himself—Chapter 9, on cholestyramine.

The book is bound and produced in the usual Charles C Thomas manner, and is well illustrated. It is strongly recommended for all physicians dealing with hyperlipidemia, particularly internists and family physicians.

W. D. SNIVELY, JR., M.D.,
Evansville

PHYSIOLOGY AND PATHOLOGY OF TROPHOBLASTIC TUMORS IN VIVO AND IN VITRO

Symposium at the N.Y. Acad. of Sciences, Oct. 23, 1969; published in the Annals of the N.Y. Academy of Sciences Vol. 172, Article #10, Jan. 28, 1971, pp. 277-426, with a huge bibliography, enormous number of figures and detailed case histories.

Not only pathologists but also gynecologists and even general surgeons will derive much benefit from thumbing their way through this group of three articles. Dr. Hertz presents "The Biological Aspects of Gestational Neoplasms Derived from Trophoblasts." A group of research workers from the Medical College of Wisconsin at Milwaukee give us the technique of using the Hormone Synthesizing Trophoblastic Cell as a model for in vitro cancer research and placental hormone synthesis. Finally, Dr. Wm. Ober, Prof. of Pathology at Mt. Sinai School of Medicine, New York City, all but overwhelms us with a detailed (and I mean: DETAILED) analysis of the Pathology of Choriocarcinoma. The literally hundreds of microphotographs and a hundred detailed case histories are really a chef-d'oeuvre:

The printing, binding and paper are excellent; the proof readers seem to have performed valiantly. The whole thing is a credit to Dr. Bernard Steinetz who acted as the editor.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

MANUAL OF NUCLEAR MEDICINE PROCEDURES

Wm. Beierwaltes, M.D.; John Keyes, Jr., M.D.; James Carey, M.S., CRC Press (Division of Chemical Rubber Co.), Cleveland, 1971; 138 pages; $19.90.

First of all, this is a highly technical manual—"cook book," if you will—telling the clinical nuclear laboratory personnel the precisely detailed instructions as to the HOW of the scanning procedures being employed by the University of Michigan Medical Center Nuclear Unit. As a mere internist, I cannot pretend to the expertise needed to give a discriminating opinion. A chairman of radiology department is needed for that.

I can say that I scanned with interest the numerous procedures outlined so crisply and concisely. The mass of exact directions cannot be memorized by anyone. Therefore, this manual will become an absolute must for all concerned with this work. The printing is excellent; I saw no typo errors; the paper and binding are first class. Considering the narrow market, the price is within reason. The manual fills an ever growing need. Congratulations to the "Handbook Series" Committee.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

PSYCHOLOGY OF EMOTIONS

John M. Dorsey, M.D., Center for Health Education, Detroit, 1971.

This book is subtitled "Self Discipline by Conscious Emotional Continence." If you understand this, you don't need to read the book; if you don't understand it, you can't by reading the book.

Stylistically this book cries out for monosyllables, simple sentences, non-shifting definitions, undangling modifiers, and real chapters, sections and paragraphs. Remember when your grammar teacher advised you to espouse clarity in your compositions? She was warning you against compositions like this where obfuscation reigns, communication fails.

I suppose this book states that one may avoid the psychiatric problems springing from subconscious guilt if he rationalizes his conscious guilt feelings. One transacts this rationalization by assuming multitudinous platitutes, such as "life is whole," "all is wholeness," "hate is an expression of love," etc.

An extension of this thinking would lead one to believe that one didn't need a psychiatrist as long as he could promulgate his own rationalization—a position patently unfair to both psychiatrist and prospective patient.

If you have a problem, this book won't help; if your patient has a problem, I don't believe this book will help you help him.

Following is a sentence quoted from the book. If it turns you on, buy the book; if it doesn't, save your money: "Self consciousness is my omnific emotion that is indispensable for my disciplining all of the rest of my emotionality in the service of my lovable self order."

ALVIN J. HALEY, M.D.
Fort Wayne

GENERAL OPHTHALMOLOGY

Daniel Vaughan, M.D., Taylor Asbury, M.D., Robert Cook, M.D., Lange Medical Publications, Los Altos, Calif. Sixth Edition, 1971; 316 pages; $8.00.

This book on general ophthalmology with its modest paper back and modest price belies the fine quality of paper and printing as well as the text within. The information regarding various ophthalmologic conditions, problems and therapy is delightfully easy to read and quite complete. This book can be comfortable (loungingly) held and read as compared to the usual heavy textbook that must be studied at a desk or table. I feel that it justly fulfills the purpose intended by the authors as expressed in its preface:

"This book is an attempt to provide a concise yet reasonably complete, up-to-date review of a difficult specialty for use by medical students, general physicians, pediatricians, internists, and resident physicians in ophthalmology. We hope it will serve these groups as a companion volume to the standard texts as well as a quick reference guide to the management of the more common ocular disorders seen in daily practice."

Before publication the entire manuscript and the specialized sections were read and approved by some of the outstanding authorities of our time.

FRANK H. COBLE, M.D.
Richmond

FOLATE ANTAGONISTS AS CHEMOTHERAPEUTIC AGENTS

Edited by Joseph R. Bertino, Annals of the New York Academy of Sciences, vol. 186, November 30 1971; 519 pages with innumerable diagrams, tables and illustrations.

Today, we tend to forget that pernicious anemia was a 100% fatal disease until Dr. Whipple struck on the bizarre expedient of feeding vast quantities of liver to dying patients. Miraculously, they recovered. Eventually, B_{12} was isolated and its chemical structure revealed. The close correlation with folic acid was established as recently as the two decades since WWII. Then, we have the intriguing work of Dr. Sidney Farber in which he proved that the use of folate antagonists inhibited the unbridled multiplication of the essential thymidine in cancer cells and so acted as a cancer therapeutic agent.

In this present symposium, the experts in the field analyze the detailed three-dimensional structure of the numerous natural and synthetic analogues in this area. They speculate quite shrewdly on the HOW of the action of such well known aids to cobalt therapy as methotrexate—as well as many other synthetics—and adumbrate the probable areas of expected further progress.

All in all, the person who is not a dedicated research worker in this most intriguing frontier of medicine gets the feeling of losing the familiar landmarks. Still, I read the paperback with considerable interest; I even think I was somewhat enlightened in some facets of my ignorance.

As usual, the paper, binding and typing are excellent; the bibliographies are exhaustive. I think that hospital and medical school libraries would do well to put this monograph on their shelves.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

SHANDS HANDBOOK OF ORTHOPAEDIC SURGERY

R. Beverly Raney, Sr., M.D., H. Robert Brashear, Jr., M.D., C. V. Mosby Co., St. Louis, 1971; Eighth Edition; 543 pages; $15.50.

Followers of Shands' will appreciate the eighth edition also. Its general utility remains: it is a fine medical school text for quick reference for a primary care physician. Although only a handbook, it may have some utility as a quick reference for an orthopaedic resident.

Some improvements have been made over previous editions. Page size is slightly larger. Photographs and x-rays are added; yet many of the fine illustrations remain. Emphasis is shifted slightly, such as diminishing space to tuberculosis and polio and increasing space to tumors and low-back problems.

Chapters are: Introduction, Congenital Deformities, General Affections of Bones, Infections, Chronic Arthritis, Neuromuscular Affections, Tumors, Fractures and Affections of the Spine and Thorax, Low Back and Various Joints.

Physicians reminiscing their medical school days and atrocious puns will be happy to learn there is still no neurology chapter, postponing that time when the fit will hit the Shands!

ALVIN J. HALEY, M.D.
Fort Wayne

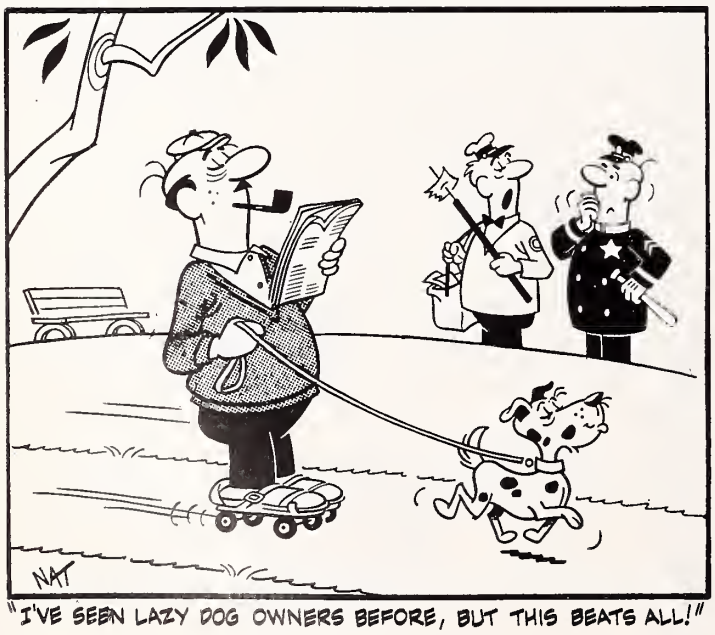
Abstracts from Various Literature, Prepared by AMA

PATIENT-SUPPORT SYSTEM USING LOW-PRESSURE AIR

J. T. Scales (Royal National Orthopedic Hosp., Stanmore, England) and L. A. Hopkins

Lancet 2:885-888 (Oct. 23) 1971.

A patient-support system using low-pressure air (the low-air-loss [LAL] "bed") is described. With this equipment the patient is evenly supported on a porous fabric by a continuous flow of temperature-controlled air at pressures which do not cause vascular changes in the skin and deeper tissues. Five patients were nursed for a total of 134 days without a pressure area being treated. A study of the number of nurse-hours per week required to look after one of the patients on a standard hospital bed and on the LAL bed showed a saving of 21 nurse-hours. All nursing procedures have been carried out without lifting the patient.



"I'VE SEEN LAZY DOG OWNERS BEFORE, BUT THIS BEATS ALL!"

ALTERNATE CASE STUDY OF TOPICAL SULFAMYLON AND SILVER SULFADIAZINE IN BURNS

R. N. Ollstein et al. (133 E. 73rd St., New York 10021)

Plast. Reconstr. Surg. 48:311-317 (Oct.) 1971.

One hundred consecutive, hospitalized, burn patients were treated on an alternate patient basis with topical mafenide (Sulfamylon) and silver sulfadiazine. Each series of 50 patients was relatively similar in terms of extent and depth of burn, age distribution of patients and etiology of injury. Both groups demonstrated a 12% mortality rate. The incidence of burn wound infection was higher in the silver sulfadiazine group, and there was one death due to invasive burn wound sepsis while on active drug therapy. No septicemia occurred in the mafenide-treated series. Both drugs were considered to be effective in controlling burn wound bacterial proliferation, particularly among the gram-negative forms (including *Pseudomonas aeruginosa*). Gram-positive bacteria were recovered with greater than anticipated frequency.

EXPERIENCE WITH MANUAL AND MACHINE-DRIVEN EXTRATHORACIC HEART MASSAGE

H. C. Siemensen et al. (Medizinische Klinik, Hamburg, West Germany)

Wied Organ. Intensivmed 8:120-129 (Oct.) 1971.

The failing cardiac output of the asystolic or fibrillating heart can be restored by manual or machine-driven external thoracic heart massage. Since heart massage requires a considerable force to be applied continuously, pneumatically driven machines have been developed to facilitate long-term resuscitation. Examinations performed on 19 patients in an intensive care unit have proved that the machine-driven method of massage is just as efficient as the manual one. There are certain differences in actual effectiveness of various machines due to their different construction. Some of these machines can guarantee continuously applied external heart massage under the most unfavorable conditions, such as during transport. With increasing age and physical changes in thoracic structure, the effectiveness of external cardiac massage decreases, as shown by arterial O_2 saturation as well as by mean arterial pressure during cardiac massage.

SKIN CANCER AND IMMUNOSUPPRESSION

B. K. Walder, M. R. Robertson and D. Jeremy (Prince Henry Hosp., Little Bay, Australia)

Lancet 2:1282-1283 (Dec. 11) 1971.

Out of 51 kidney allograft recipients, seven (14%) developed a total of 19 malignant skin tumors 4 to 45 months after transplantation. Immunosuppressive treatment, known to be associated with an increased risk of development of tumors of lymphoreticular type, also enhances the occurrence of squamous cell carcinoma. Under the influence of immunosuppression, cutaneous hyperkeratoses more rapidly evolve into squamous cell carcinoma, multiple skin cancers occur in some patients, and keratoacanthoma is not only more frequent but also prone to early recurrence. ◄



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Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.

Side Effects: The more common side effects, in order of incidence, are xerostomia, mydriasis, hesitancy of urination and gastric fullness.

Dosage: The maximal tolerated dosage is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthine is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

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Contraindications: Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate, carbromal.
Warnings: *Drug Dependence:* Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching, confusional states, hallucinosis; rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting barbiturate, than gradually withdraw. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between meprobamate, alcohol, and other CNS depressants or psychotropic drugs. *Pregnancy and Lactation:* Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption. Meprobamate appears in umbilical cord blood at or near maternal plasma levels, and in breast milk at levels 2-4 times that of maternal plasma. *Children Under Six:* Drug not recommended.
Precautions: To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time. To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics.
Adverse Reactions: *Central Nervous System:* Drowsiness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. *Gastrointestinal:* Nausea, vomiting, diarrhea. *Cardiovascular:* Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also, hypotensive crises (including one fatal case). *Allergic or Idiosyncratic:* Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). Others: leukopenia, acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between meprobamate/mebutamate and meprobamate/carbromal. More severe, rare hypersensitivity: hyperpyrexia, chills, angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis, proctitis, Stevens-Johnson syndrome; bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Hematologic:* Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic purpura. *Other:* Exacerbation of porphyric symptoms.
Usual Adult Dosage: 1200 to 1600 mg daily, in three or four divided doses; doses above 2400 mg daily not recommended.
Overdosage: Suicidal attempts with meprobamate, alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Meprobamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption.

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The Woman's Auxiliary

REPORTS TO ISMA



The guest writer this month is Mrs. C. B. LaDine (Veneta). Although this is the first year for Veneta to serve on the Auxiliary board, organization work is not new to her. She was president of the Indiana Federation of Clubs 1968-70, and chairman of the Public Education Division of the General Federation of clubs 1970-72. She has served as the general chairman of Indianapolis Anti-Crime Crusade, Inc. since 1965 and is presently serving on the planning committee for opening night of the Indiana Convention-Exposition Center to be held May 3, 1972.

She is well qualified to spearhead the new Nursing Home Visitation program which she will tell you about.

Lelia M. Chernish

STATE AUXILIARY LAUNCHES NURSING HOME VISITATION PROJECT

The Nursing Home Volunteer Visitation project sponsored by the Community Service Chairman of the Auxiliary is now a REALITY.

Just as Dr. Peter R. Petrich, President of ISMA, pointed out in his Christmas message in the December issue of "Hoosier Doctor's Wife," the word "auxiliary" means "Helpful"—so this project of the Auxiliary is intended to be HELPFUL; helpful to the nursing home staffs and patients, to the women who participate, and to all who are interested in making the nursing and convalescent homes in Indiana the best in the nation.

The program is off to a good start with the "blessing" of Governor Edgar F. Whitcomb, the Indiana State Board of Health, the ISMA board, the State Auxiliary Board and a number of nursing home administrators to whom it has been explained.

The project originated after President Nixon placed nursing homes on the priority list for top consideration at the White House Conference Nov. 30—Dec. 2, 1971. Also, about this time the attention of the medical auxiliary was called to the need for aid to both administrators and residents of some nursing and convalescent homes through a series of stories in the *Indianapolis News*.

What is this project? Volunteer auxiliary members from each county will be visiting periodically in the nursing homes of their own or neighboring counties with the express purpose of giving helpful assistance wherever and whenever needed. This is as yet a "Pilot project"—not expected to be in 100% operation all over the state until its worth has been proved in a few representative counties. It is the 1971-1972 Community Service special project.

Once the project was selected at the suggestion of the Governor, the State Auxiliary President and the State Community Service chairman went to the State Board of Health to ask (first) whether the project would meet with their approval and (second) for their cooperation in implementing the plan and in teaching our volunteers how to be helpful, efficient visitors. Both requests were granted readily and full cooperation was offered.

The "Go Ahead" was given by the ISMA Board after they had thoroughly checked every argument for or against the project, and the State Auxiliary board voted to accept it as a state project.

What has been the procedure since approval was granted? Mrs. Stanley Chernish, Indianapolis, President of the Auxiliary Medical Association, accepted the invitation of President Richard Nixon to attend the White House Council on Aging and brought back valuable information.

On December 3, and again on December 6, orientation meetings were held at ISMA headquarters for County Presidents and other auxiliary members who wanted to learn more about the implementation of the project.

Panel members for these meetings were Dr. David J. Edwards, Indiana Administrator of Hospitals and Health Facilities Programs, Mrs. Ruth Bock of the Indiana Medical Care Administration and Mr. George Ramsey of the Indiana Division of Health Facilities.

The State Auxiliary president has explained the project at every county meeting she has attended.

Seminars for local volunteer visitors are being arranged by county presidents and their Community Service chairmen.

What are the results to date? Seminars are being set up: visiting is already going on; it has been ascertained that this project will continue during the next administration with more and more counties beginning to cooperate.

Finally, how does this visitation program differ from "just visiting"? In the first place, this is a statewide project of a state organization, bearing the seal of approval and promise of full cooperation of all concerned organizations from the Governor on down.

Then, too, although the visitors are strictly volunteers, they are representatives of the same organization and will govern themselves accordingly.

Since this is a state project of one of the departments of the Auxiliary reports will be made yearly to the county Community Service chairman, who will forward her report to the state chairman for a composite yearly picture of the usefulness and helpfulness of the program to patients, other residents, and to administrators and their staffs in our all-out effort to make the nursing homes of Indiana the best in the United States.

Veneta LaDine (Mrs. C. B.)
Chairman Community Services

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What's New?

Bristol Laboratories announces a reduction in the price of their Polycillin line. Polycillin capsules will be reduced by 33⅓%. Other forms will be reduced by as much as 50%. All stocks in retail and wholesale establishments on January 31 were given a price adjustment in order that patients will benefit from the new price schedule effective that date.

* * *

Roerig announces a new drug effective against pinworm and roundworm infections. FDA approval has just been issued for Antiminth® (pyrantel pamoate) Oral Suspension. It is a single-dose preparation. Cure rates in trials have run close to 100% for pinworm and from 85% to 100% for roundworm.

* * *

Parke-Davis has a new, stabilized, sublingual nitroglycerin tablet characterized by uniform potency, improved stability and reduced migration. It comes in 3 strengths—0.3 mg, 0.4 mg, and 0.6 mg tablets. The new formulation remains highly stable and reduces migration of the drug from tablet to tablet while stored.

* * *

Avionics Research announces a new, portable Holter monitor which makes continuous Dynamic Electrocardiographic™ (DCG) recordings of patient heart action during a full day's activity for periods up to 24 hours. It is lightweight and can be worn while working. It may be set beside the bed at night. The 24-hour tape can be scanned in 24 minutes by the Avionics Electrocardioscanner.™

* * *

Dome Laboratories announces a new topical steroid. Tridesilon® (desonide) Creme 0.05% contains a new, potent, nonfluorinated corticosteroid. It is indicated as adjunctive therapy for the relief of inflammatory manifestations in acute and chronic dermatoses. The vehicle is buffered to the pH range of normal skin.

* * *

The Ames Company announces an automated urinalysis instrument which performs seven different tests on up to 120 urine specimens per hour. Called CLINILAB, it may be purchased or rented. Specific gravity, pH, bilirubin, blood, glucose, ketones and protein are checked qualitatively. CLINILAB operates for 25 minutes (after loading with 50 specimens) without further operator attention.

* * *

ADVICE TO PARENTS FROM ONE WHO KNOWS THE DRUG SCENE is outlined forcefully in a new book written by Matthew Andrews, himself a reformed drug addict. It presents to parents and teachers a wealth of solid, practical information and no-nonsense advice. The title is "The Parents' Guide to Drugs." Publisher is Doubleday. 186 pages —$6.95.

* * *

Pre-Sate®
(chlorphentermine HCl)

CAUTION: Federal law prohibits dispensing without prescription.

Indications: Pre-Sate (chlorphentermine hydrochloride) is indicated in exogenous obesity, as a short term (*i.e.*, several weeks) adjunct in a regimen of weight reduction based upon caloric restriction.

Contraindications: Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states. Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias. The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

Warnings: When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexigenic effect; discontinue the drug. Tolerance to the anorectic effect may develop. Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants. There have been reports of pulmonary hypertension in patients who received related drugs.

Drug Dependence: Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended. In long-term controlled studies with high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.

Usage In Pregnancy: The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended. Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.

Usage In Children: Not recommended for use in children under 12 years of age.

Precautions: In patients with diabetes mellitus there may be alteration of insulin requirements due to dietary restrictions and weight loss. Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction. In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug. Psychologic disturbances have been reported in patients who concomitantly receive an anorexic agent and a restrictive dietary regimen.

Adverse Reactions: Central Nervous System: When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

Dosage and Administration: The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

Overdosage: Manifestations: Restlessness, confusion, assaultiveness, hallucinations, panic states, and hyperpyrexia may be manifestations of acute intoxication with anorectic agents. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management: Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

How Supplied: Each Pre-Sate (chlorphentermine hydrochloride) tablet contains the equivalent of 65 mg chlorphentermine base; bottles of 100 and 1000 tablets.

Full information available on request.

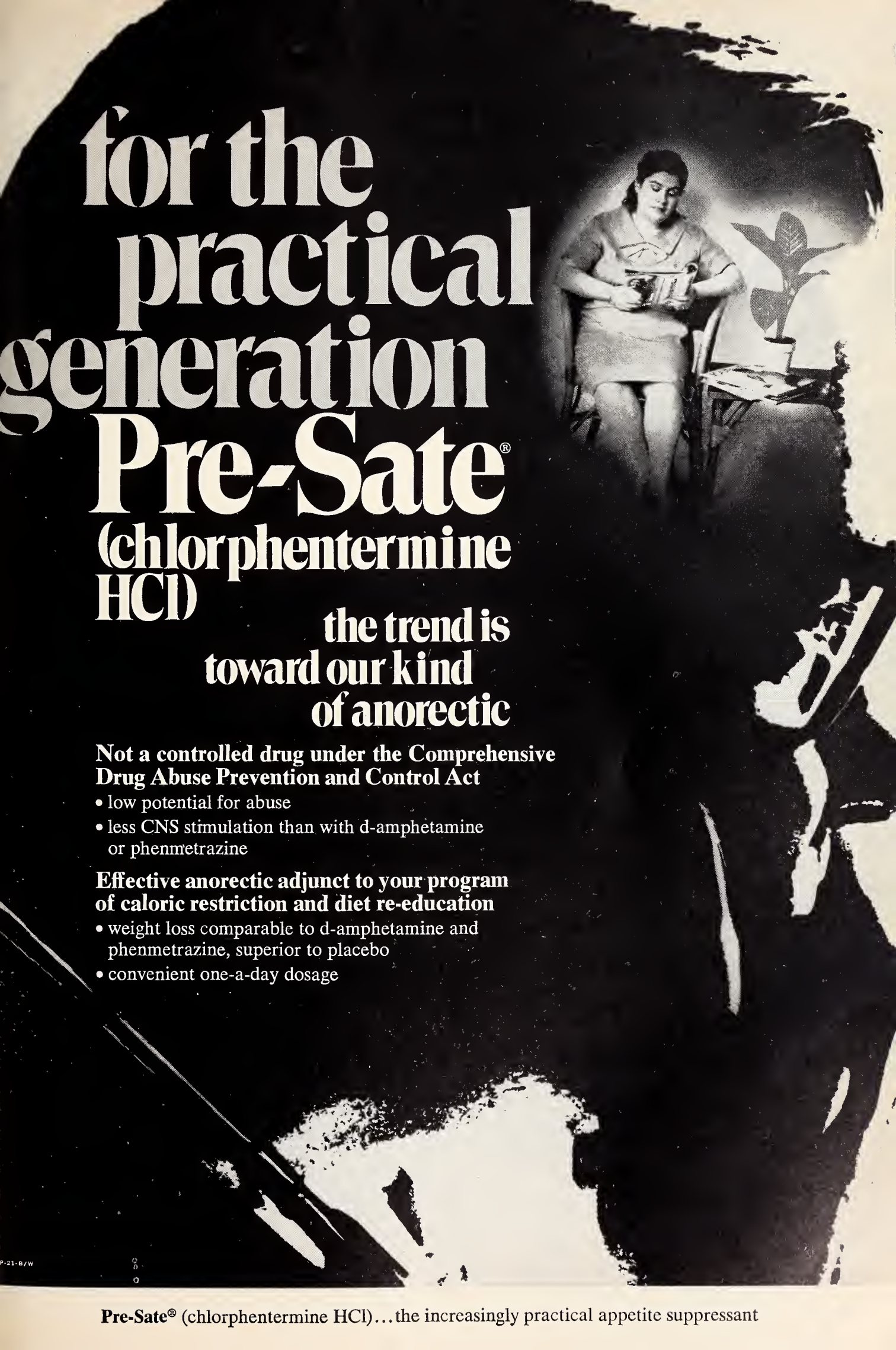
WARNER-CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

for the practical generation

Pre-Sate®

(chlorphentermine HCl)

the trend is toward our kind of anorectic



Not a controlled drug under the Comprehensive Drug Abuse Prevention and Control Act

- low potential for abuse
- less CNS stimulation than with d-amphetamine or phenmetrazine

Effective anorectic adjunct to your program of caloric restriction and diet re-education

- weight loss comparable to d-amphetamine and phenmetrazine, superior to placebo
- convenient one-a-day dosage

P-21-B/W

Pre-Sate® (chlorphentermine HCl)... the increasingly practical appetite suppressant



What makes 'Deprol' useful for depressed geriatric patients... makes it useful for younger patients as well

- helps ease mild to moderate nonpsychotic depression *and* related anxiety
- helps assure a good night's rest



The middle-aged housewife who can't stop feeling "blue," who worries about losing her attractiveness yet neglects her appearance; reports vague aches and pains, difficulty sleeping, loss of appetite.

INDICATIONS: Useful in the management of depression, both acute (reactive) and chronic; particularly useful in the less severe depressions and where the depression is accompanied by anxiety, insomnia, agitation, or rumination; also useful for management of depression and associated anxiety accompanying or related to organic illnesses.
CONTRAINDICATIONS: Benactyzine hydrochloride: Glaucoma and previous allergic or idiosyncratic reactions to benactyzine hydrochloride or related compounds. **Meprobamate:** Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate, carbromal.
WARNINGS: The following information on meprobamate pertains to 'Deprol' (meprobamate + benactyzine hydrochloride): **Meprobamate:** *Drug Dependence:* Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching, confusional states, hallucinosis; rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting barbiturate, then gradually withdraw. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between meprobamate, alcohol, and other CNS depressants or psychotropic drugs. *Pregnancy and Lactation:* Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption. Meprobamate appears in umbilical cord blood at or near maternal plasma levels, and in breast milk at levels 2-4 times that of maternal plasma. *Children Under Six:* Drug not recommended.
PRECAUTIONS: Meprobamate: To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time. To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics.
ADVERSE REACTIONS: Nausea, dry mouth, other g.i. symptoms; syncope; one case each of severe nervousness and loss of power of concentration. The following side effects, which have occurred after administration of its components alone, have either occurred or might occur when the combination is taken. **Benactyzine hydrochloride:** Benactyzine hydrochloride alone, particularly in high dosage, may produce dizziness, thought-blocking, a sense of depersonalization, aggravation of anxiety, or distur-

When mild depression and associated anxiety interfere with living

DEPROL®

(meprobamate 400 mg + benactyzine hydrochloride 1 mg)



The junior executive crushed by his repeated failure to be promoted and anxious about the future; complains to you of listlessness, early-morning awakening.

The young widow whose grief has persisted too long, is pessimistic and fearful about what lies ahead, has lost interest in everything; is preoccupied with vague physical ailments, has crying spells.

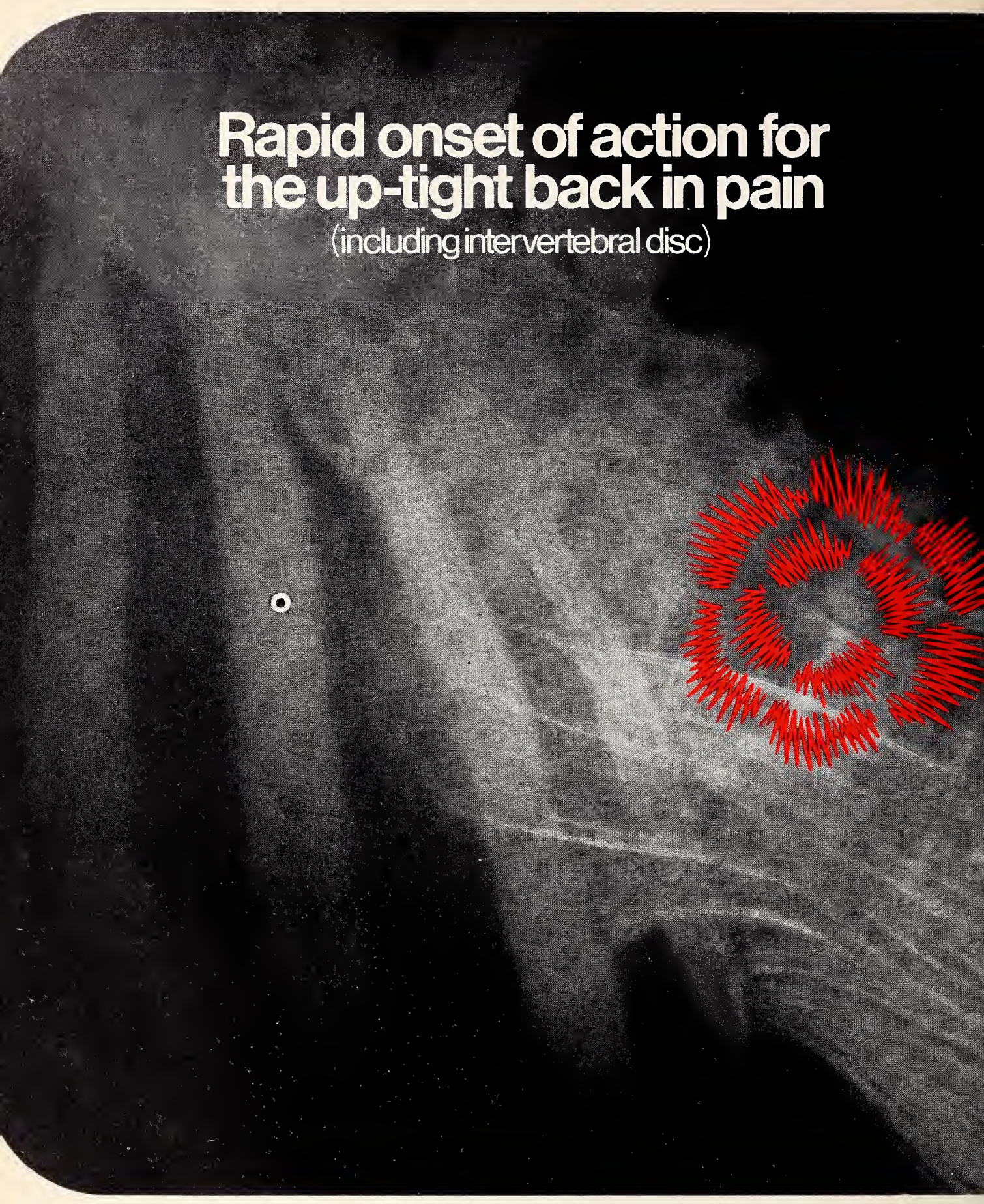
bance of sleep patterns, and a subjective feeling of muscle relaxation. There may also be anticholinergic effects such as blurred vision, dryness of mouth, or failure of visual accommodation. Other reported side effects have included gastric distress, allergic response, ataxia, and euphoria. **Meprobamate:** *Central Nervous System:* Drowsiness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. *Gastrointestinal:* Nausea, vomiting, diarrhea. *Cardiovascular:* Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also, hypotensive crises (including one fatal case). *Allergic or Idiosyncratic:* Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). Others: leukopenia, acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between meprobamate/mebutamate and meprobamate/carbromal. More severe, rare hypersensitivity: hyperpyrexia, chills, angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis, proctitis, Stevens-Johnson syndrome; bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Hematologic:* Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic purpura. *Other:* Exacerbation of porphyric symptoms.

USUAL ADULT DOSAGE: One tablet three or four times daily, which may be increased gradually to six tablets daily and gradually reduced to maintenance levels upon establishment of relief. Doses above six tablets daily are not recommended.

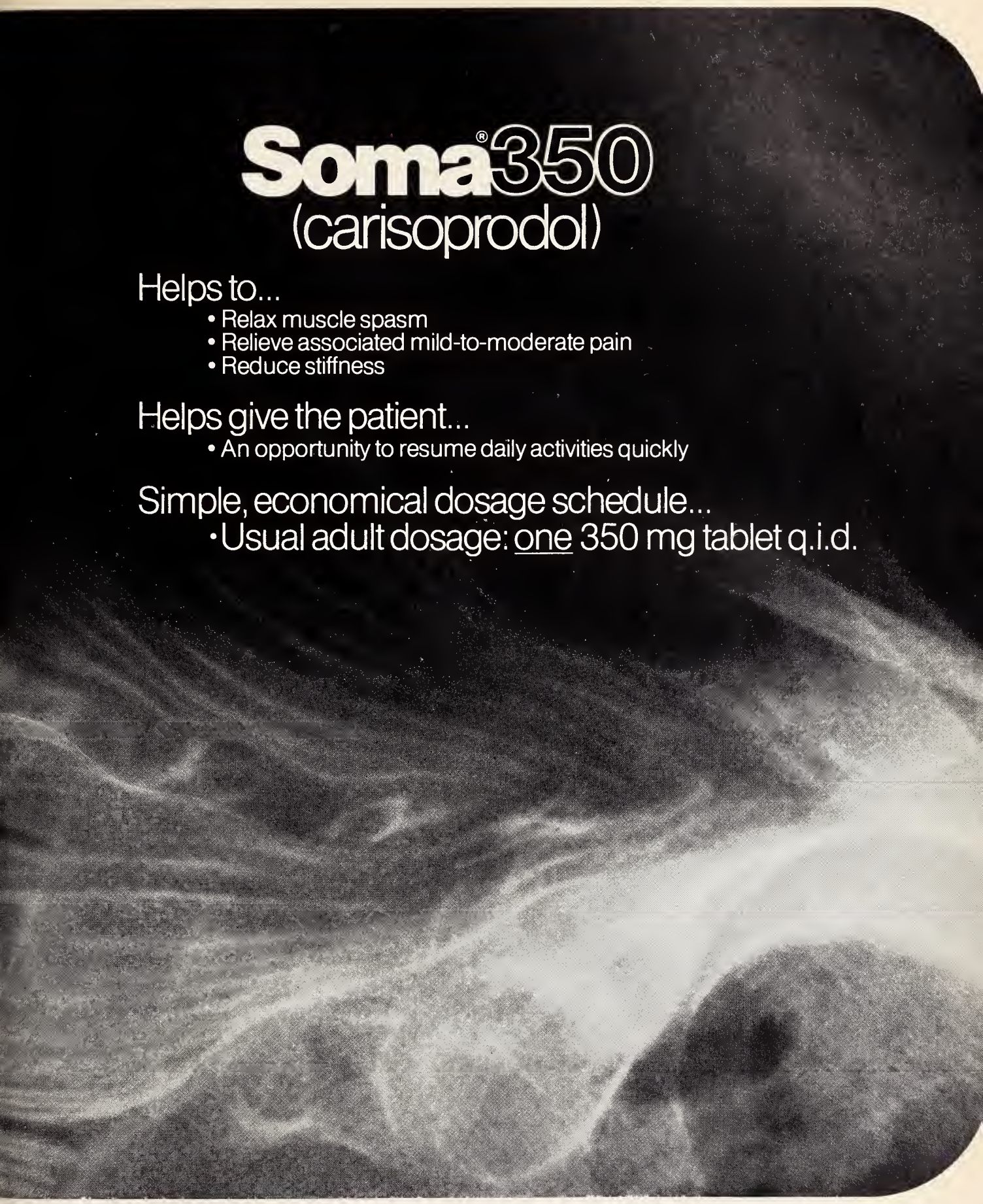
OVERDOSAGE: Overdosage of 'Deprol' (meprobamate + benactyzine hydrochloride) has not differed substantially from meprobamate overdosage: **Meprobamate:** Suicidal attempts with meprobamate, alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Meprobamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption. REV. 10/71

Before prescribing, consult package circular or latest PDR information.

WALLACE PHARMACEUTICALS, Cranbury, N.J. 08512



Indications: For symptomatic relief in conditions characterized by skeletal muscle spasm and mild to moderate pain.
Contraindications: Acute intermittent porphyria and allergic or idiosyncratic reactions to carisoprodol or related compounds such as meprobamate, mebutamate, tybamate.
Warnings: *Idiosyncratic Reactions:* Rarely, first dose has been followed by extreme weakness, transient quadriplegia, dizziness, ataxia, temporary vision loss, diplopia, mydriasis, dysarthria, agitation, euphoria, confusion, disorientation. Symptoms usually subside during the next several hours. Supportive and symptomatic therapy, including hospitalization, may be necessary. *Pregnancy and Lactation:* Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. *Children Under Five:* Drug not recommended. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between carisoprodol, alcohol, and other CNS depressants or psychotropic drugs. *Drug Dependence:* Use cautiously in addiction-prone patients.
Precautions: To avoid excess accumulation, use caution in patients with compromised liver or kidney function.
Adverse Reactions: *Central Nervous System:* Drowsiness, dizziness, vertigo, ataxia, tremor, agitation, irritability, headache, depressive reactions, syncope, insomnia. *Allergic or Idiosyncratic:* Usually seen after 1-4 doses in patients not previously exposed, e.g., rash, erythema multiforme, pruritus, eosinophilia, fixed drug

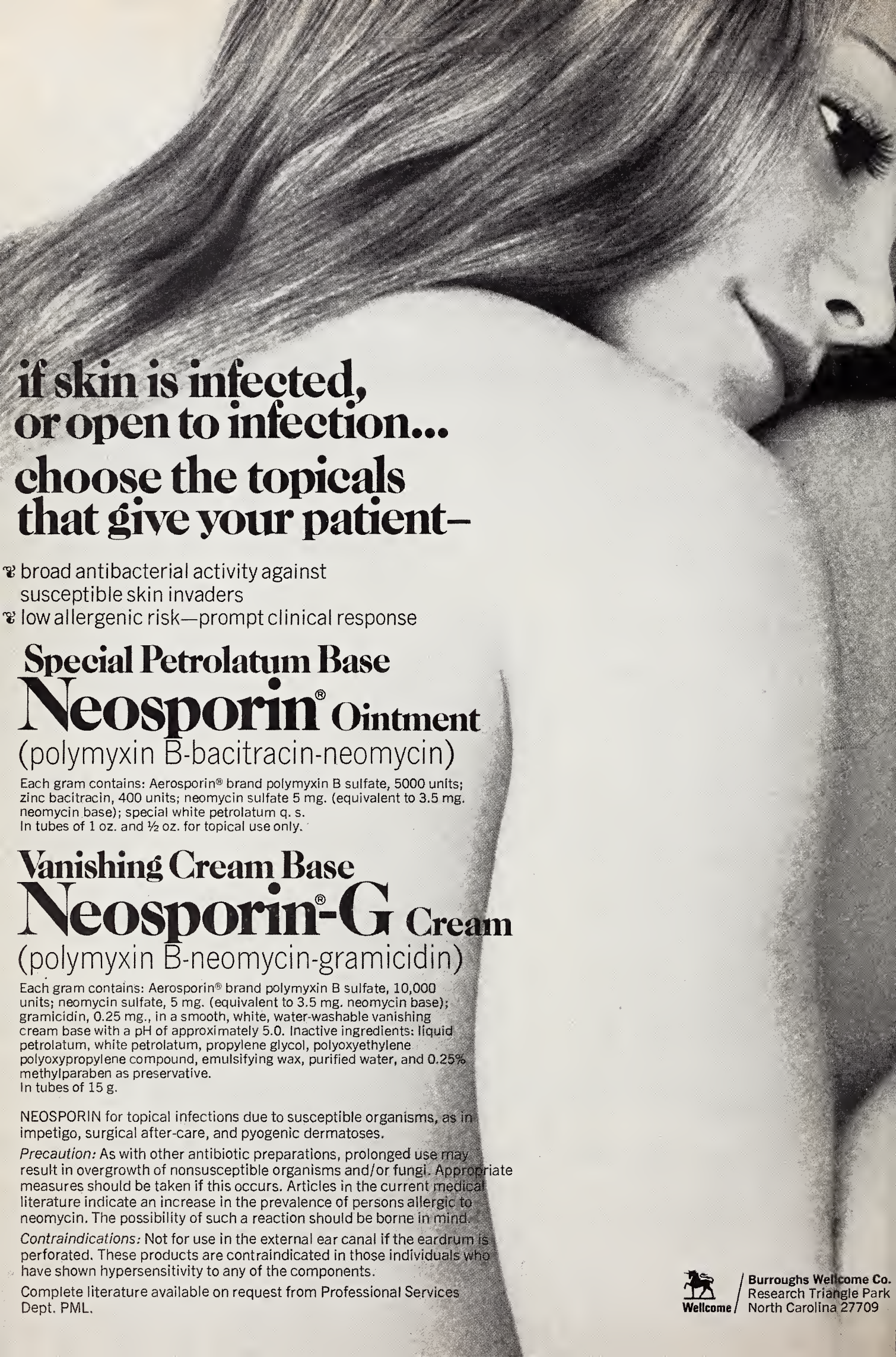


eruption with cross reaction to meprobamate. More severe manifestations: asthma, fever, weakness, dizziness, angioneurotic edema, smarting eyes, hypotension, anaphylactoid shock. Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Cardiovascular:* Tachycardia, postural hypotension, facial flushing. *Gastrointestinal:* Nausea, vomiting, hiccup, epigastric distress. *Hematologic:* Leukopenia and pancytopenia (on carisoprodol plus other drugs).

Usual Adult Dosage: One 350 mg tablet three times daily and at bedtime.

Overdosage: Has produced stupor, coma, shock, respiratory depression, and, very rarely, death. Overdosage of carisoprodol plus alcohol or other CNS depressants or psychotropic drugs can be additive. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Carisoprodol is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully with related drug meprobamate. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption. REV. 10/71

WALLACE PHARMACEUTICALS / Cranbury, N.J. 08512



if skin is infected, or open to infection...

choose the topicals that give your patient–

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk—prompt clinical response

Special Petrolatum Base
Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 5000 units; zinc bacitracin, 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q. s.
In tubes of 1 oz. and ½ oz. for topical use only.

Vanishing Cream Base
Neosporin®-G Cream
(polymyxin B-neomycin-gramicidin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 10,000 units; neomycin sulfate, 5 mg. (equivalent to 3.5 mg. neomycin base); gramicidin, 0.25 mg., in a smooth, white, water-washable vanishing cream base with a pH of approximately 5.0. Inactive ingredients: liquid petrolatum, white petrolatum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, purified water, and 0.25% methylparaben as preservative.
In tubes of 15 g.

NEOSPORIN for topical infections due to susceptible organisms, as in impetigo, surgical after-care, and pyogenic dermatoses.

Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Services Dept. PML.

Wellcome / **Burroughs Wellcome Co.**
Research Triangle Park
North Carolina 27709

1971: A Year of Achievements for Indiana Blue Shield

IMPROVED service, increased productivity, lower administrative costs and reduction in personnel were key areas of achievement for Indiana Blue Shield in 1971.

Increased communication as a result of our move last October to the new Blue Cross and Blue Shield Service Center was one of the tangible benefits of 1971. Blue Shield's Professional Relations staff of telephone consultants were provided access to Centrex II — a new, computerized telephone system, suitable to establish an exclusive, direct line of communication between Professional Relations and physicians throughout Indiana.

Centrex II and other Service Center features enabled telephone consultants and other Professional Relations staff members to handle a total of over 42,000 responses.

In Utilization Review, 660 patient interviews were completed, and more than 100 physicians were contacted regarding parameters. A total of 464 problems involving usual and customary cases were resolved, and physician contacts were made with approximately 3,000 offices.



Data Processing Aids Claims

In November 1971 Indiana Blue Shield gained access to various data processing aids, resulting in gradual but substantial gains in the number of claims processed in regular and governmental business. At the same time, reduction in the number of employees in all claims areas was made possible, with total employees lowered from 596 to 560 during the year.

Electronic innovations known as Visual Display Units were gradually phased in as part of the entire system of claims processing and became the basis for a system known as Blue Shield On-Line Processing. The system helped to reduce the number of steps in claims processing from 14 to 4.

Plans are currently in effect to fully implement the On-Line System by May of 1972. To this date, production is 20% higher than initially projected, and Indiana Blue Shield expects to save money both in equipment and personnel when the On-Line System is completed. The gradual process of implementing the system is being conducted to avoid any noticeable effect, other than improved service, to the public.

Medicare Operation Ranks High

Blue Shield's ability to handle claims in 1971 was likewise strong in Medicare and Medicaid. In a recent report issued by the Social Security Administration, Indiana Blue Shield's Medicare operation was ranked seventh of 48 carriers in the nation. This performance evaluation was based on consideration of all categories of service rendered.

In Medicaid claims processing, over 5 million claims have been processed in the last two years. Throughout 1971 this operation has processed over 80% of the claims in 10 days or less.

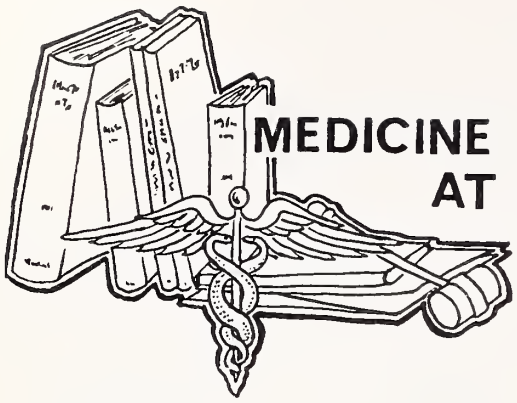
Significant cost reduction was the 1971 trend in all areas of Indiana Blue Shield's claims processing. Through November Indiana Blue Shield's corporate budget was 3.5% under the original budget, further evidence of Indiana Blue Shield's efforts to reduce cost.

Professional Relations Lectures

A different, but important side of Blue Shield service in '71 were a number of educational lectures delivered by members of the Professional Relations staff to several schools in Indiana. They include: Purdue University's School of Pharmacy, Indiana University's School of Optometry, Career Training Institute and branches of "Ivy Tech" in Indianapolis, South Bend and Lafayette and the Indiana University Medical Center, to name a few.

A highlight of the year was the annual Blue Shield Professional Relations Seminar, attended by 348 physicians and their wives.

In summary, the year 1971 was one of the best years for Indiana Blue Shield, and the prospects are excellent for even better results in 1972. ◄



MEDICINE AT LAW

Physicians not Liable for Failure to Diagnose Lung Cancer—The widow of a man who died of lung cancer after a diagnosis of pneumonitis had been made from x-ray studies was denied recovery of damages in a trial before a California jury.

The patient, a 59-year-old man, had consulted a general practitioner because of persistent coughing and wheezing. The physician made a diagnosis of pneumonitis and treated the patient for six weeks, with referral to a specialist. X-ray studies, performed by three radiologists, showed pneumonitis. Two months later a diagnosis of carcinoma of the lung was made in the same lung where the pneumonitis had been diagnosed.

The widow brought action against the general practitioner and the radiologists, contending that they were negligent in not making an earlier diagnosis of the lung cancer. The physicians contended that they had exercised proper care in treating the patient and in taking and interpreting x-rays. They stated that the patient did have pneumonitis, with no indication of cancer at that time. They contended that the cancer had probably developed after the treatment.

The widow demanded $15,000 during settlement talks, but no offer was made. A non-suit was granted on the third day of the trial.—*Boynton v. Hoff* (Cal. Super. Ct., San Joaquin Co., Docket No. 98442, 1971).

Damages for Loss of Drain in Surgical Incision—A patient who suffered infection and had to undergo further surgery after a drain disappeared into a previous surgical incision was awarded $50,000 in damages by a California jury.

The patient, a 43-year-old woman, was hospitalized for removal of a kidney. After the operation, a physician inserted a 12-inch Penrose drain into the incision. The drain shortened twice in one week and then disappeared. The physician was allegedly told by a nurse that the drain had come out when the dressings were changed.

Eleven months later, the physician treated the patient for a urinary infection and failure of the incision to heal. On x-ray examination, he discovered that the drain was still in her body. After the drain was removed by surgery, the incision healed.

In an action for malpractice against the hospital and two physicians, the woman contended that the physician who had inserted the drain had failed to secure it and had failed to determine what had happened to it. She complained of suffering an infection, a second operation, and traumatic neurosis.

The physician contended that loss of the drain could not have been foreseen. Further, the physician contended that the woman had had mental problems previous to the injury because of ten previous operations and three marriages.

The woman claimed medical expenses of $1,600 and wage loss of $40,000. The jury awarded her damages of $50,000 against the physician who inserted the drain.—*O'Donnell v. Riviera Community Hospital* (Cal. Super. Ct., Los Angeles Co., 1971).

Damages for Sponge Left in Patient's Body—A patient who had to undergo a second operation after a sponge was left in her body during surgery was awarded $1,500 by a California jury.

The patient, a 45-year-old woman, underwent open heart surgery, receiving a transplant of a homograft mitral valve. On the morning after the operation, the patient was told that she would have to undergo a second operation because a sponge had been left in her body. After the sponge was removed, an infection developed in the incision.

In an action for malpractice against the hospital and physician, there was no denial of the error in sponge count and the second operation. However, it was contended that the woman was not harmed and that her hospital stay allegedly was not lengthened by the episode.

A physician testifying for the parties being sued said that no injury had been caused by the sponge, as it was only left in the woman's body for a matter of hours. He admitted that a second operation had been necessary for removal of the sponge.

Counsel for the hospital and physician asked the court to direct a verdict on liability for the patient and the jury to find solely on the issue of damages. The jury was out for two and one-half hours after a three-day trial and awarded the woman damages of $1,500. The woman's motion for a new trial was denied.—*Bonhiver v. Stanford University Hospital* (Cal. Super. Ct., Santa Clara Co., Docket No. 232396, P17592, 1971). ◄

Something new in ampicillin therapy: low cost



Versapen®-K
POTASSIUM HETACILLIN
the ampicillin derivative

BRISTOL
BRISTOL LABORATORIES
Division of Bristol-Myers Company
Syracuse, New York 13201



DAY BY DAY WITH THE F.D.A.

In Chester, Pennsylvania, two children suffered with thallium sulfate, one with permanent brain damage. The cause was discovered to be cookies which had been impregnated with the poison by an exterminator company. The cookies were sold for eliminating rodents. They were allowed to remain unprotected around the household and were eaten by the children. The exterminating firm was mandated to recall the poisoned cookies from some 60 of its accounts, both private homes and commercial establishments.

* * *

Pesticide seed corn is unfit for animal feed but some of it continues to be channeled into that use. State inspectors, in the areas involved, now monitor the slaughter of hogs to ensure that no meats containing pesticide residues enter human food channels.

* * *

The campaign of the FDA to insure that all childrens' toys are safe is thorough and unremitting. However, there are times when relatively safe toys produce spectacular results. The "Johnny Eagle Skeet-Shooter" is a plastic gun which propels a dart. A four-year-old boy in Wisconsin placed a 20-gauge shotgun shell in the plastic gun barrel ahead of the dart. Nobody was badly injured, but the kick of the gun was large and the effect on the furniture even worse.

* * *

If laundry detergents become any bigger problem we may have to go back to soap. The latest one seized by FDA was advertised as "Ecolo-G Controlled Suds. Stops Pollution. No Phosphates! No Enzymes—No NTA (Nitrilotri-acetate) Laundry Detergent." Sounds wonderful, but FDA inspectors found that, along with all that it did not contain, was plenty of sodium metasilicate, a caustic substance corrosive to intact skin, harmful if swallowed, and the cause of severe eye irritations.

* * *

The newest way to hustle drugs between the United States and Canada is to rent a hearse. A hearse, stopped on the Peace Bridge in Buffalo, was found to carry, along with a normal cargo of two bodies, 138 bottles of phenylbutazone, 388 bottles of phenylburzaone injectables, and 72 bottles of chloramphenical injectables.

* * *

Pooled milk distributed in Alabama was found to contain dieldrin. Only one of the producers was found to be contributing the contaminated milk. Its source was cottonseed meal which was a part of the feed. The cottonseed meal was traced to its source in Mississippi, where the production facilities were found to be faultless. Eventually it was found that the meal was contaminated when it was placed in bags which had been previously used for seed which had been treated with pesticides.

* * *

A noodle manufacturing plant in Idaho was found to be heavily contaminated with residues of chlordane which had been used by an exterminator. The firm discontinued manufacturing at this location after several batches of noodles were found to contain chlordane.

* * *

Seed wheat which had been treated with a mercury compound was spilled in railroad cars at San Diego when some of the bags were damaged in transit. The bags were properly labeled "Poison," but the spilled wheat was salvaged by persons who were not aware of the poisonous nature of the grain. Widespread newspaper and radio publicity alerted the public. Tijuana newspapers and Spanish language radio stations succeeded in locating several people who had used the seed for food and for feeding chickens.

* * *

Insanitary conditions, found in an old building which was used for candy making, were attacked by vigorous cleaning methods in which large quantities of water and steam were used. After two years' unsuccessful work the plan was abandoned. Salmonella was the principal contaminating organism and the bacteria flourished in the warm-wet environment. Each inspection demonstrated a richer growth than the previous one.

* * *

A manufacturer of granulated peanut products in Indiana was charged with having introduced into commerce quantities of the product adulterated with insects and insect fragments. The evidence was so obvious that a plea of guilty ensued and was settled by a fine in the U.S. District Court.

* * *

Soft drinks in Kansas City acquired an oily or kerosene taste. FDA and state inspectors found a

broken valve in the water line. Oil from the bottling machinery was entering the soft drink mixing machinery. About 1500 cases were eventually destroyed.

* * *

In San Francisco there was a rumor to the effect that a tanker of crude cocoanut oil, recently arrived from the Philippines, contained a human body. When the individual tanks were drained, one was found to contain a body, apparently of a Philippine dock guard who had attempted to stow away. The oil was diverted to non-food use.

* * *

An electronic air cleaner, manufactured in South Dakota, has been removed from the market. It was advertised as a boon to those who suffer from asthma, hay fever and emphysema. It was found to be a small version of an industrial static precipitator. It did not, during testing, remove all airborne particles and was found to generate ozone and other potentially harmful gases.

* * *

A bakery supply warehouse in Milwaukee was reported to be overrun with mice. When the inspector was using the front office phone to report the situation, one mouse ran across the top of the desk. All food stocks were embargoed for destruction or segregation. The warehouse cannot be used again until it is structurally modified to meet food storage standards and is rid of rodents.

* * *

In another case, the finding of a mouse sliced up in a loaf of bread resulted in charges of insanitary conditions. Inspectors found mice everywhere. Cartons of raw materials they found contaminated on one day and sealed were found recontaminated two days later by mice who had eaten through the government seals.

* * *

Colgate-Palmolive has removed from the market all stocks of its Palmolive Crystal Clear, an automatic dishwashing detergent which was originally packaged in milk-type cartons. The Federal Hazardous Substances Act forbids hazardous household substances being packaged in identifiable food packages.

* * *

Mixed cargoes in transit are occasionally the subject of accidental disaster. The spilling of parathion, an extremely toxic pesticide, inside a truck which contained candy, paper goods, school supplies and bedding resulted in the destruction of the entire load. Four employees were exposed to the poison and were placed under observation.

* * *

A total of 1496 30-pound cases of frozen processed potatoes were seized when it was evident that the product had been prepared and packed under insanitary conditions. The lot was designated as hog food and later buried when the hogs refused to eat it.

* * *

Following the death of an 18-month old child who accidentally swallowed a household soldering solution that contained cyanide, the FDA has proposed to add to the Regulation banning hazardous substances products containing soluble cyanide salts in concentration greater than 25 parts per million.

* * *

The FDA has proposed an addition to the Regulation which specifies substances for which special packaging (child-resistant closures) is required. Methyl salicylate (wintergreen oil) has a special attraction because of odor and has a long record of child poisoning. All packages of methyl salicylate, in concentration above 5%, the proposed Regulation states, will require a child-resistant container. ◄

* * *

Not All Health Is A Medical Problem

Perhaps it is odd for our profession to say this, but actually not all health is a medical problem. There are places where poor nutrition leads to poor health, where bad sanitary engineering spreads disease, where persistent cigarette smoking leads to emphysema, cancer of the lung, and peripheral vascular disease, where drug abuse is raging, and where people are killed or maimed by automobile accidents. The physician has practically no meaningful control over these hazards. So, when it is pointed out that diseases and injuries do seem to occur in a field where they *could* be prevented, let it be remembered that the causative factors here are not really medical problems at all. We are flattered at the implication of our potency—that we can solve all these problems just by good will. But that, alas, is not how it is.—The Journal of the Medical Society of New Jersey, January, 1972.

Tentative Schedule of Events

Annual Meeting — Indiana State Medical Association
October 14-18, 1972
Indianapolis

Saturday, October 14

Executive Committee meeting
Board of Trustees meeting
Board of Trustees dinner

Sunday, October 15

House of Delegates (afternoon)
Reference Committee meetings (Sunday evening — continue Monday a.m., if necessary)

Monday, October 16

Golf tournament
Free day to visit scientific and technical exhibits
Tours — Monday afternoon
Showing of Films — Monday afternoon and Tuesday morning
5:30 p.m. — 7:30 p.m. — Cocktail party

Evening free (list of events scheduled in Indianapolis at that time to be provided)

Tuesday, October 17

House of Delegates — morning meeting

Luncheons can be scheduled

Tuesday afternoon — 2:00 p.m. to 4:30 p.m. — General Meeting — Program on Health Care Delivery in the U.S. is being planned. Four speakers with a moderator.
Suggested speakers—
Representative Rogers (Florida) and
Representative Pettis (California)
Russell Roth — AMA
Speaker from COPE organization

Tuesday evening — President's reception and dinner

Wednesday, October 18

House of Delegates — final meeting, election of officers

Section and specialty society meetings and luncheons. At the present time nine meetings have been scheduled.

From *The Journal* 50 Years Ago

The people of Colorado are to be called upon, at the fall election, to vote upon the prohibition of vivisection. The ballot will contain the following caption: "An Act to Prohibit Injurious, Dangerous or Painful Experimental Operations or Administrations Upon Human Beings or Dumb Animals Except to Relieve or Cure Them; Making Exceptions of Persons Consenting to Such Experiments and Providing Penalties for Violations of the Act." "Yes—— No——", and the unwary voter will be at a disadvantage, for the ballot contains no explanation, but simply appeals to the spirit of mercy. The bill is, of course, the work of the anti-vivisectionists, of which there are now ten societies in the United States, the newest one being the Colorado organization. The parent society seems to be the New York Anti-Vivisection Society—an organization that makes a pretense of mercy and human kindness in order that it may wage propaganda against the medical profession. From the literature which emanates from this Society it is very evident that it is controlled by the drugless practitioners. Some of the pamphlets—in fact many of them—have no reference to vivisection, as will be noted by the following titles: "Shall We Let the Doctors Enslave Us?," "Complete Failure of Medicine in the World War," "Dangers in the Use of Vaccines and Serums," "The Folly and Failure of the Old School Serum-Vaccine Method Versus the Glorious Record of Drugless Doctors in the Influenza Epidemic," "What Would Have Happened Without Osteopathy?" "What Would Have Happened Without Chiropractic?" etc., etc. It is enlightening to note that some of these pamphlets were written by the president of the National Association of Drugless Practitioners. Indiana may, in the none too distant future, be called upon to face just what Colorado is now facing, and Indiana physicians should be making it their business to acquaint the laity concerning the fanaticism, deceitfulness and fraud of these "'uplifters" known as anti-vivisectionists.—Editorial Note, *JISMA*, March 1922.



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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 18-22, 1972
Place San Francisco

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 16-20, 1972
Place Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date March 28-30, 1972
Place Indianapolis Stouffer's Inn

ASSOCIATION OF OPERATING ROOM TECHNICIANS, INDIANA CHAPTER
Indiana State Conference and Seminar
Date June 3-4, 1972
Place Indianapolis Hilton

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 11-13, 1972
Place Indianapolis Stouffer's Inn

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date April 20-22, 1972
Place Marriott Inn, Fort Wayne

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1972
Place Marriott Inn, Fort Wayne

INDIANA ORTHOPAEDIC SOCIETY
Date March 24-25, 1972
Place Marriott Inn, Fort Wayne

BONE AND JOINT CLUB
Date April 12, 1972
Place Athenaeum Turners, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 16-19
Place Indianapolis Hilton

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 14-16, 1972
Place Indianapolis Hilton

INDIANA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Multidisciplinary Conference
Date May 10-11, 1972
Place Indianapolis Stouffer's Inn

INDIANA ROENTGEN SOCIETY, INC.
Date March 12, 1972
Place Holiday Inn Airport Motel, Indianapolis

On the next two pages:
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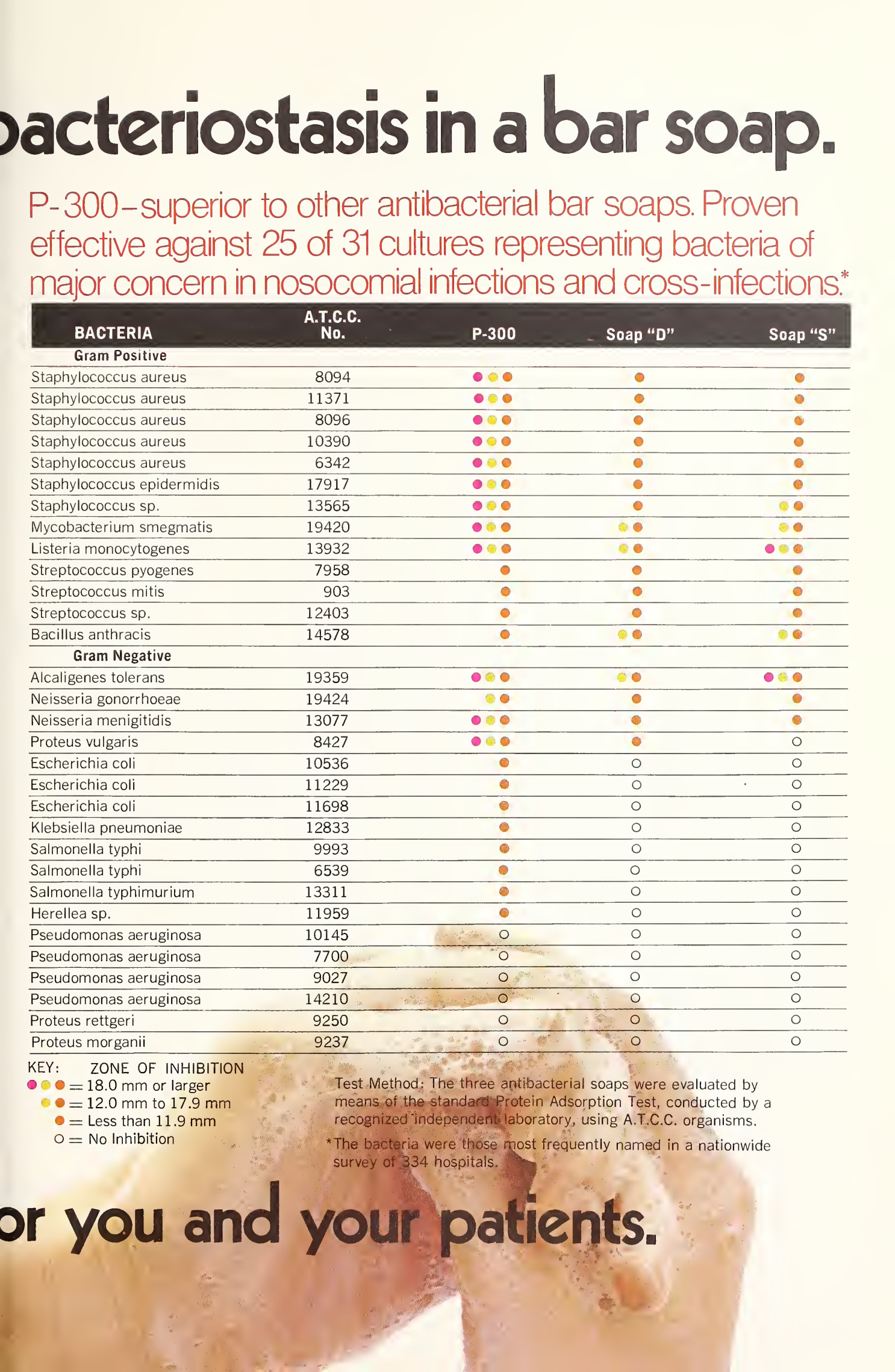
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Staphylococcus aureus	11371	●●●	●	●
Staphylococcus aureus	8096	●●●	●	●
Staphylococcus aureus	10390	●●●	●	●
Staphylococcus aureus	6342	●●●	●	●
Staphylococcus epidermidis	17917	●●●	●	●
Staphylococcus sp.	13565	●●●	●	●●
Mycobacterium smegmatis	19420	●●●	●●	●●
Listeria monocytogenes	13932	●●●	●●	●●●
Streptococcus pyogenes	7958	●	●	●
Streptococcus mitis	903	●	●	●
Streptococcus sp.	12403	●	●	●
Bacillus anthracis	14578	●	●●	●●
Gram Negative				
Alcaligenes tolerans	19359	●●●	●●	●●●
Neisseria gonorrhoeae	19424	●●	●	●
Neisseria menigitidis	13077	●●●	●	●
Proteus vulgaris	8427	●●●	●	○
Escherichia coli	10536	●	○	○
Escherichia coli	11229	●	○	○
Escherichia coli	11698	●	○	○
Klebsiella pneumoniae	12833	●	○	○
Salmonella typhi	9993	●	○	○
Salmonella typhi	6539	●	○	○
Salmonella typhimurium	13311	●	○	○
Herellea sp.	11959	●	○	○
Pseudomonas aeruginosa	10145	○	○	○
Pseudomonas aeruginosa	7700	○	○	○
Pseudomonas aeruginosa	9027	○	○	○
Pseudomonas aeruginosa	14210	○	○	○
Proteus rettgeri	9250	○	○	○
Proteus morganii	9237	○	○	○

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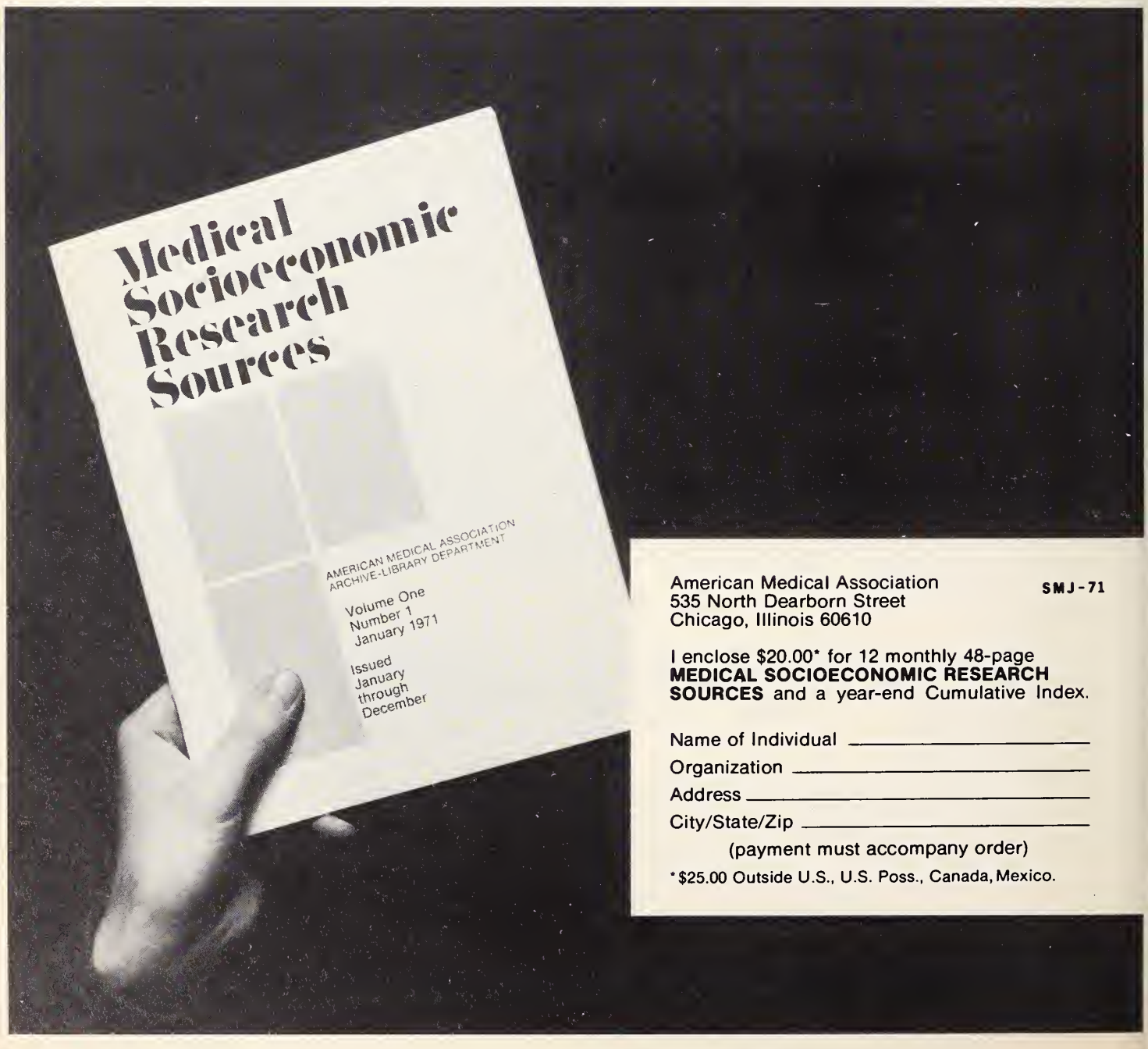
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Interprofessional Code

Indiana State Medical Association—

Indiana State Bar Association*

PREAMBLE

General Principles

The need for better understanding of the professional problems of doctors of medicine and attorneys at law, dependent each upon the other in many aspects of medicolegal proceedings, has long been apparent to both professions.

The physician is responsible not only for the care of his patient both in health and disease, but also for ministering to his needs to the best of his ability and in accord with the high precepts of his oath.

The attorney is responsible both as advisor and confidant of his client, and as an officer of the court, for representing him as advocate in legal proceedings and as negotiator in his business and personal affairs.

Both are pledged to maintain the confidence and hold inviolate the secrets learned by this patient-physician, client-attorney relation. Each profession is obligated by its common calling to cooperate with the other in the furtherance of the truth as applied to the case at issue. In the pursuit of this goal each should respect the honor and the dignity of the other. The appearance of incompetence, dishonesty, corruption, immorality, or other unethical conduct upon the part of either individual cannot be tolerated by either profession.

It therefore becomes the duty of each profession to support within its own ranks, as well as in the ranks of the other, those principles of ethical conduct as applied to medicolegal matters which both have found necessary in the public good. It is held apparent that adoption of these principles will serve us as a guide to the attainment of the best in interprofessional conduct and practices.

ARTICLE I

The Physician

Section 1. It shall be the obligation of the attending physician to furnish freely to the patient's attorney all facts primarily available only to him. He should explain these facts in such a manner as to be understood by the attorney in order that he can properly evaluate them in his client's cause.

Section 2. Written Reports

The attending physician should always furnish his patient's attorney with a written report upon the request of the patient. Such report should contain a history as obtained from the patient, the physical findings, diagnosis, treatment and prognosis. An opinion may be expressed, if requested, concerning the actuality or probability of fact as pertaining to the patient's condition. Physicians must appreciate that promptness in providing a patient's attorney with such information as may be available is of importance to the patient's legal rights. Many matters can be settled out of court to the mutual satisfaction of the parties involved. Undue delays in providing medical reports bearing on a patient's legal rights may prejudice the patient's opportunity, either as to settlement or disposal of the problem, and thus create possible further expense, worry, and even the loss of important testimony. Witnesses may die or facts become obscure as the time elapses.

Section 3. Records

The attending physician should carefully preserve all records pertaining to his treatment of the patient, making them available for inspection by his patient's attorney, only with the express consent of the patient.

Section 4. Advice on Legal Matters

The physician may properly only advise his patient as to the extent, degree, or percentage of illness, injury, or disability, as based upon his best professional judgment. He should never advise on the amount of damages a patient should seek to recover nor upon other monetary aspects of his attorney-client relation. These involve many considerations other than medical and are therefore the exclusive province of the attorney.

Section 5. Examination for Attorneys and Other Parties

A physician may examine a person at the request of an attorney or other party. The physician's service in this event is to the employing attorney or other party, and he is entitled to reasonable compensation for the substantial amount of time spent in examination and prep-

* Approved by the ISMA House of Delegates Oct. 9, 1971.
Revision approved by the ISMA House of Delegates Oct. 14, 1971.

aration of the detailed reports necessary. Charges for such services should be in the same amount as if made to the patient, were the latter to pay such bill directly.

Section 6. Attending Physician's Charges

The attending physician is entitled to reasonable compensation for his services to his patient for time spent in conferences, preparation of reports, travel costs, and court or other appearances. These are services rendered his patient and charges therefore should be made to the patient. The attorney must do his full part in explaining that fact to his client. It is proper and not unusual for an attorney to represent on a contingent fee basis a client who is not in a position to pay a per diem fee irrespective of the outcome of the case, and the attorney may acquire a lien upon the proceeds of the action. The medical profession neither has, nor seeks, any similar arrangement. The charges of a physician should not in any way be based upon a percentage of the patient's financial recovery. Any other practice might lead to a charge that the physician witness had an interest for being partial in his testimony.

Section 7. Limits of Medical Testimony

Subsection (a.) Testimony of the attending physician in his patient's behalf.

The physician should state the facts honestly and simply leading up to, and entering into his diagnosis, his treatment, and his prognosis, according to a most reasonable degree of medical certainty. He should not indulge in speculation unless a speculative answer is required for a specific question. In such a situation he must clearly label his own testimony as speculative or his "best estimate," or "best judgment." Under no circumstances is he justified in suppressing medical evidence or in "taking sides" as such. Such attitude would not only affect the credibility and usefulness of his testimony, but it would also be an unwarranted usurpation of part of the attorney's function.

Subsection (b). Testimony as an Expert—Subpoenas

The medical expert should offer no opinion beyond the facts of the case as observed by him or which goes beyond his personal knowledge, or runs counter to his professional training or experience. He may, however, take into consideration facts already in the court record, or set forth in a hypothetical question, to which he has had no previous personal knowledge. His professional judgment and his own conscience must mark the limits of his testimony, including his opinions.

In the event that he has been subpoenaed, he is obligated as any other citizen to answer thereto. Where grave emergency prevents his response, such emergency must involve the genuine professional needs of a patient, and he must be prepared to convince the court that the emergency was of sufficient gravity to justify his ignoring the order of the court.

A physician subpoenaed as a medical expert cannot reasonably be held to special study or other preparation for the case, nor can he be compelled to form an opinion under such circumstances. If he had an opinion, however, he is obligated to state it.

No medical expert can be expected to form an opinion if he does not have a professionally adequate basis for one on a litigant whom he did not observe. If an attorney is insistent that a medical expert offer an opinion under these circumstances, the physician should be careful to state for the record that he has been subpoenaed, that he has not observed the patient, if such is the case, and that he has an insufficient basis upon which to form a professional opinion. When a physician who has not observed a particular individual is subpoenaed as a medical expert, he will be confronted with the problem of the hypothetical question. If he can answer that question, he must do so. If he cannot answer it without special study or the question does not contain sufficient facts upon which to form an answer, he should so state.

Subsection (c). Choice of Language

The medical witness should express his findings, observations, and opinion before the court attorneys and jury in language readily understood by them. He should also put into intelligible language the effect of particular injuries. In the event that he finds it necessary to describe technical subjects in medical terms, he should then translate those terms into language familiar to his audience. Otherwise, its meaning may be entirely lost or so completely misunderstood as to materially affect the true import of the testimony. The medical witness should remember that his testimony is not intended to impress or edify, but to explain. If it does not help explain and does not clarify the issues of a particular case, it has failed in the sense that it was not useful to the determination of the case.

Subsection (d). Statements to Both Sides

A physician may not offer observations or opinions or otherwise discuss a case with both sides in a particular proceeding or lawsuit. Nor may he submit to interviews or otherwise furnish reports to attorneys for both parties, except in those cases as required by statute or by express agreement between the parties. It is self-evident that a physician's integrity and judgment are among his most precious assets, and that neither should ever be "purchased." On the other hand, when a physician has been asked to offer his testimony

on behalf of a patient or as an expert on behalf of a particular claimant, he should not needlessly complicate the case by making himself available to representatives of the other side by offering apparently inconsistent viewpoints to two or more parties or their attorneys.

When a physician who has agreed to offer testimony on a case is approached by attorneys or other representatives for other parties with adverse interests, he should be frank about his prior commitment, notify the attorney for the party for whom he has agreed to testify, and thereafter be guided by the advice of the latter's attorney.

Section 8. Protecting the Attorney's Time

The physician should make every effort to protect the attorney's time. Like the physician, he has continuing responsibilities to his clients and definite times to be in court attending to other matters. The physician should make every effort to meet his appointments with attorneys on time. This applies both to appointments for conferences or depositions and other matters. Should an emergency arise which the physician is unable to control, and which would make it impossible for him to keep such an appointment, he should promptly notify the attorney.

Section 9. Public Statements

Public statements regarding the health or other medical aspects of public or otherwise prominent individuals should never be offered without personal observation of the patient by the physician, followed by the individual's express permission to publish or otherwise make public his findings. It is beneath the diginity of the medical profession to issue such public statements as a basis for altercation or disagreement with other members of the profession.

ARTICLE II

The Attorney

Section 1. It shall be the obligation of the attorney to marshal the facts and to obtain medical opinion which, in his judgment, is necessary for the proper presentation of his client's case. He shall not counsel or maintain any suit or proceeding which appears to him unjust, nor shall be counsel or maintain any defense, except such as he believes to be honestly debatable under the law. He will use only such means as are consistent with truth and honor in maintaining the causes confided to him. He will never seek to mislead the judge or jury by any artifice or intentional misstatement whatsoever. It is important for the physician to understand, however, that under the adversary system, the attorney does not pretend to advocate both sides in a dispute, but is obligated to present only those facts and opinions as related to his client's side.

Section 2. Payment of Physicians

The attorney may on behalf of his client pay the physician for such services as are related to the development of his client's legal rights, provided the charges made by the physician are such as he would make if made direct to the patient were he to pay the bill.

In those cases in which the attorney does not or cannot ethically pay the physician, he should as a matter of fairness and interprofessional courtesy do everything reasonably possible to assure payment to the physician for the services rendered in the matter in which he is concerned.

It shall be held professionally unethical for an attorney to make settlement of a case without making provision for the payment of the physician's services, where he made such an agreement with the physician with the client's approval.

Section 3. Court Arrangements—Protecting the Physician's Time

Courts and attorneys should make every effort to protect the physician's time. He has continuing and often unpredictable responsibilities to his patients that may be anticipated to conflict with courtroom procedure. Courts and attorneys should therefore undertake to determine when and for how long the physician will be needed in court, and he should be given advance notice accordingly. It is then his obligation to be in court at the time requested. In the event an emergency arises which calls for his services elsewhere, courtroom procedure must give way to humanitarian considerations, and the medical witness released or his testimony postponed until the emergency has first been cared for.

Section 4. Conferences

The attorney should always confer with the physician relative to the common problems involved in a case. Conferences should be arranged at the mutual convenience of each. It is unfair to the patient-client, the physician and the cause of justice, for the attorney to present a medical witness who has not had the advantage of prior conference, to know the full significance of the testimony he has been asked to present. It is also obvious that the attorney is not able to represent the full interest of his client where he has not had the full advantage of prior conference with the physician.

Section 5. Subpoenas

It is expected that the attorney will in every instance make a good faith effort to arrange his client's expert medical evidence in ample time before the hearing to

allow the physician time for special study, review, or other preparation. Such arrangements should include offer of compensation commensurate with the reasonable value of the professional services involved in preparing or offering testimony, or the time taken away from the physician's practice.

In the event that medical evidence necessary to his client's cause cannot be obtained by prior arrangement, either because the physician has held himself unavailable or has been otherwise uncooperative. then the attorney may subpoena the medical expert, and he is obligated to answer the subpoena as is any other citizen.

Section 6. Influencing Medical Testimony

It is improper for an attorney to seek to color or otherwise influence the professional opinion of a physician. The attorney may not use a medical expert in bargaining, with the implication that his testimony can be shaped to justify suggested settlement terms. Improperly presented medical testimony is almost always a bilateral product, and one which is professionally unworthy of both the physician and the attorney.

Section 7. Cross-Examination

No ethical attorney is justified in abusing, badgering, or browbeating any witness, including a physician, whether it be one he called or a witness for the other side. Such actions are beneath the dignity of the attorney, and are equally in violation of the dignity of the physician. Established rules of evidence give ample opportunity for testing the competence or credibility of a medical witness and make unnecessary and unjustifiable a resort to any of the above devices on the part of the cross-examining attorney. The same holds of examination of a physician who is in fact, or who is believed to be, unfriendly to a particular viewpoint and is therefore examined as a "hostile witness."

ARTICLE III

Interprofessional Responsibilities

Section 1. Conduct on the Witness Stand

The physician witness should never assume the role of the advocate or contender. Neither should counsel engage in examination of the physician as a friendly or hostile witness, but only as a provider of facts. The physician should show respect and consideration to the court and to the attorneys. The courts and the attorneys have a like obligation to the physician.

Section 2. Conflicting Medical Evidence

The problem of difference of opinion and diagnosis between medical experts is of concern to both attorneys and physicians. It must be remembered, however, that both medical science and law are inexact sciences and that honest differences can be held, not only in the interpretation of law, but also in the interpretation of symptoms and physical findings.

The attorney can reduce the area of misunderstanding from which conflicting testimony frequently comes, by careful preparation of his case with a particular purpose in having certain testimony offered. It is the duty of the physician, directed by the examining attorney, in the presentation of conflicting medical testimony, to so justify his answers as to explain the reasons for the differing opinions so far as possible. Areas of agreement should be explored by the examining attorney. The attorneys and the court should be made to understand that many diagnoses are limited by the subjectivity of the symptoms and may vary with the mental outlook of the patient; that the prognosis is dependent primarily upon the diagnosis, and may thus be expected to differ also in the opinions of the diagnosing physicians; that treatment may differ in alternative situations, in any one of which two or more methods of treatment may each be proper and equally successful; and finally that diagnosis and treatment must both be evaluated as of the time they occurred rather than in the light of a later day.

In the event that the court is requested to appoint a third disinterested physician to examine the litigant for the edification of the court in determining between the conflicting medical evidence, he should be furnished copies of conflicting reports, and in his examination and report take into account the tenets of the above paragraph. He should limit his report by the utmost in objectivity, and not in any way place himself in the position of taking sides with one physician or the other.

Section 3. The Committee for Medicolegal Review

It is agreed that a committee of six (6), to consist of three (3) attorneys and three (3) physicians, will be appointed by the respective presidents of the State Bar Association and the State Medical Association. These appointees, if required, will sit quarterly as a joint committee to review those court or administrative agency cases in which medical testimony appeared to the court, or administrative agency, attorney or attorneys or to a physician or physicians to have been so contradictory or improper as to indicate conscious deviation from the truth. In a like manner they will review those cases called to their attention involving an attorney in which there is question of his exceeding propriety in his handling of medical witness, or in his efforts to introduce improper medical testimony.

The judge or attorney or accusing physician must submit in writing a brief statement to the committee, giving the name of the physician or attorney to be investigated, and also the names of the principals in the trial, in order that a transcript of the entire testimony can be obtained.

That portion of a transcript which fairly and accurately presents the issues in dispute must be obtained and placed at the disposal of the committee. The expenses of the committee shall be budgeted in equal amount from the State Medical Association and the State Bar Association. To assist the committee, members of the State Medical Association in the various specialties, and eminent members of the bar must be willing to appear before the committee when requested to do so and express their opinion regarding the testimony in question. The medical testimony under scrutiny will not be confined to any particular type of legislation, nor to any particular court. It may include civil, criminal and personal injury cases, and all cases tried before the Industrial Board. The name of the accusing individual will be kept confidential by the committee.

The committee will have neither judicial nor disciplinary power. In those cases of mildly questionable character, the committee may deem it advisable to have one of its members discuss the problem with the accused. In cases of a flagrant character, a complete report, with the transcript, will be sent to the Board of Trustees of the State Medical Association, or to the State Bar Association for disciplinary action.

Section 4. Interprofessional Tolerance

Each profession has the duty to develop an enlightened and tolerant understanding of the other. Inasmuch as the aims of the two professions are parallel in their services to society, it is in the best interest of society that a spirit of cooperation and understanding be developed. In the furtherance of these aims, each must keep in mind the differences in the capacities and characteristics of the practitioners of both professions, and that while law and medicine may each be termed as a science, each is an inexact science; and such inexactness is, and always will be accented by the human limitations of its practitioners.

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Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 8, Indiana

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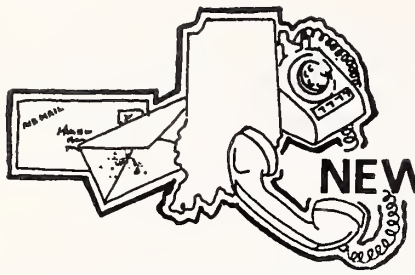
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NEWS NOTES

Emergency Department Care Subject of New ACS Course

The Ameriean College of Surgeons Committee on Trauma, with financial support from Johnson and Johnson Company for development expenses, will launeh a group of 3-4 day eourses in eontinuing medieal eduеation on "Treatment of the Seriously Injured or Ill in the Emergeney Department" for all physicians who work full-time or on-eall in hospital emergeney departments. Emergency department nurses also may attend.

Current plans eall for 13 courses at sites across the United States, so as to make at least one eourse geographieally aeeessible to any U.S. physician.

Registration fees will vary between $50 and $75 to include several lunehes and probably a reeeption for registrants and faculty.

Each course is approved for eredit by the AMA toward its Physieian's Reeognition Award.

The first eourse will be in St. Louis April 24-27, 1972. Dr. Marshall Conrad, chairman, and Dr. Allen Klippel, viee-chairman of the St. Louis Committee on Trauma, ACS, are the eourse directors.

Other courses are planned as follows:

May 15-20, 1972 — Jaeksonville, Fla.

May 31-June 3, 1972 — Detroit, Mich.

June, 1972 — Montreal, Quebec — Date to be announced.

These dates are to be determined:

Portland, Oregon; Los Angeles, Denver, Birmingham, Ala.; Erie, Pa.

An additional course may be given in New Orleans.

Formal annouueements for each eourse containing a registration form may be requested from the:

Trauma Division, Ameriean College of Surgeons, 55 East Erie St., Chieago, Ill., 60611.

108 Hoosiers Certified by Family Practice Academy

One hundred eight Indiana physieians have attained diplomate status with the Indiana Academy of Family Praetiee. They are the following:

Drs. Robert P. Aeher, Greensburg; Roland C. Ahlbrand, Ft. Wayne; Charles R. Alvey, Muneie; Garland D. Anderson, Ft. Wayne; James T. Anderson, Greenfield; Jerald L. Andrew, Ft. Wayne; James W. Asher, Indianapolis; Margaret A. Bassett, Thorntown; Franklin Keith Beeler, Anderson; Frank A. Benchik, Munster; Warren Lund Bergwall, Muncie; Fred M. Blix, Ladoga; George Robert Bloom, Elkhart. Leslie Eugene Bombar, Munster; Barton C. Bridge, Lafayette; Alvin Leroy Bridges, Anderson; Fred R. Brooks, Jr., Indianapolis; Stewart Brown, Albany; Reginald A. Bruce, Indianapolis; Donald F. Buehner, Evansville.

Also: Drs. Daniel H. Cannon, New Albany; Milton Ross Carlson, Valparaiso; Carol R. Chambers, Union City; Jaek Prow Clark, Syracuse; Eli August Coats, Plainfield; Irving Cohen, Plainfield; Frederick J. Colosey, Lexington; Henry Webb Conrad, Lawrenceburg; James O. Coursey, Jr., Argos; James Robert Daggy, Riehmond; Raymond J. Doherty, Merrillville; Ross L. Egger, Daleville; Charles Dyke Egnatz, Sehererville; George M. Ellis, Jr., Connersville; Wayne Endicott, Greenfield; John S. Farquhar, Ft. Wayne; Donald J. Faulkner, Culver; Robert Fenstermacher, Walkerton; A. Alan Fischer, Indianapolis; William E. Fitzkee, Albion; John A. Forehetti, Chesterton; Lyall Louis Frank, Jr., South Bend; Richard Carl Fretz, Kokomo.

Additional new IAFP members are Drs. E. M. Gillum, Portland; Sidney R. Goldstone, Gary; Thomas H. Gootee, Jasper; Kenneth Lee Gray, Speedway; Alvin John Haley, Ft. Wayne; Donald Lurve Hall, Petersburg; James N. Hampton, Argos; Dan W. Hibner, Riehmond; John O. Hildebrand, Jr., South Bend; Phillip Thomas Hodgin, Orleans; Joseph D. Howard, Logansport; James B. Johnson, Greeneastle; Francis P. Jones, Indianapolis; Renate G. Justin, Terre Haute; Donald Joe Kerner, Indianapolis; Burton E. Kintner, Elkhart; George Klutinoty II, Indianapolis; Robert L. Koenig, Valparaiso; Robert W. Kuhn, Wilkinson; Gene C. Laker, Ft. Wayne; Richard M. LaSalle, Wabash; and Robert LaSalle, Jr., Wabash.

Also Drs. Charles X. MeCalla III, Paoli; Charles W. McClary, Bloomington; Warren M. MeClure, Kokomo; Joseph David McPike, Indianapolis; Robert L. Meissel, Terre Haute; Richard Paul Miethke, Kokomo; Samuel C. Millis, Crawfordsville; Joe Bill Mishler, Pierceton; George Morrison, Lawrenceburg; Philip R. Myers, South Bend; Walfred Arthur Nelson, Gary; R. W. Nicholson, Jr., Evansville; Marvin Green Norris, Rushville; Earl Joseph O'Brian, Indianapolis; John M. Paris, New Albany; Julian D. Present, Evansville; Francis W. Price, Indianapolis; Richard J. Purcell, Griffith; Joseph D. Richardson, Rochester;

The list also includes Drs. Alton H. Ridgway, Lapel; Armand Jules Rigaux, South Bend; Bryce Barton Rohrer, Walkerton; Mae C. Roller, Franklin; David E. Ross, Jr., Gary; Melvin I. Roth, Gary; Michael Robert Ruley, Indianapolis; James A. Sabens, Indianapolis; Bertram Webb Sanders, Connersville; Frederic L. Sehoen, Ft. Wayne; Jerald E. Smith, Munster; Max Eugene Sneary, Avilla; David Lee Spalding, Mishawaka; Joseph L. Steinem, Connersville; F. A. Streck, Lawrenceburg; George M. Underwood, Lafayette; Gerard A. Von Der Harr, Indianapolis; Robert F. Walter, Evansville; Benjamin A. Weinberg, Whiting; Richard L. Westerman, Zionsville; Paul Allan Williams, Rensselaer; Alan Willner, Clarksville; John David Wilson, Evansville; and George M. Wolverton, Clarksville.

Environmental Health Services Literature Offered by Dow

Environmental Health Services by Dow Chemical. New literature published by Dow diseusses subjects of interest in environmental serviees. Three areas are covered: Occupational Health and Safety, Air and Water Quality, and Produet Safety. Eight specific health serviees are offered by Dow. Bulletins and other publications may be obtained by writing Dow Sales Office, 3909 N. Meridian St., Indianapolis 46208.

Dr. Alan Fischer Appointed

Dr. A. Alan Fischer, Indianapolis, has been appointed to a 16-member National Joint Practice Commission to discuss and recommend changes in medical and nursing practiee to help improve health eare. The commission is a joint creation of the AMA and the American Nurses' Association. Areas expected to be examined by the new commission include current clinical practice, patient care procedures, new methods of providing care, and relationships with new categories of health care personnel.

Hand Surgery Society Elects Dr. Strickland

Dr. James W. Strickland, Indianapolis, was elected to full membership of The American Society for Surgery of the Hand at the Annual Meeting of the Society in Washington, D.C.

Chicago Area Diabetic Camp Set for July 16 - August 6

The Summer Camp for Diabetic Children will be conducted for the twenty-fourth year under the auspices of the Diabetes Association of Greater Chicago from July 16 through August 6, 1972, at Holiday Home, Lake Geneva, Wis. Boys and girls from eight through 13 years of age are eligible.

As in previous years, the camp will be staffed by resident physicians, nurses, dietitians and laboratory technicians, in addition to the regular counseling and domestic staff of Holiday Home.

Rates for the summer camp are arranged in accordance with individual circumstances.

Applications may be obtained from, and inquiries should be directed to: Diabetes Association of Greater Chicago, 620 North Michigan Ave., Chicago, Ill., 60611; telephone (312) 943-8668.

Announce Golf, Tennis Tourneys

The American Medical Tennis Association will conduct both a golf and a tennis tournament for physicians on April 23 to 28 at Palm Springs, California. Members of ISMA are invited to enter either at the fifth annual Desert Medical Classic. Write Dr. Charles J. Supple, president of the Association, Palm Springs, Calif. 92262.

Saccharin Off GRAS List

The FDA has made final an order to remove saccharin from the list of foods "Generally Regarded As Safe" (GRAS list). The order which was proposed in June 1971 limits saccharin use to no more than one gram per day for the average adult and requires appropriate labeling disclosures.

Governor Proclaims April 10-16 "Medical Assistants Week"

Prompted by the annual meeting of the Indiana Society of Medical Assistants in Indianapolis April 14 to 16, Governor Edgar Whitcomb has proclaimed the week of April 10-16 as "Medical Assistants Week in the State of Indiana." Sessions will be held at the Hilton Hotel.

Dr. Jack Clark Receives "Silver Beaver" Award

Thirty years and numerous Boy Scouting awards after Syracuse physician **Dr. Jack P. Clark** became a Cub Scout, he has received scouting's highest local award to a volunteer.

In a meeting of Fort Wayne's Anthony Wayne Council of Boy Scouts recently, Dr. Clark was awarded the Silver Beaver by the Pioneer Trails Council which includes Kosciusko, Elkhart and LaGrange counties.

Elected Chamber Board Member

Dr. Ray H. Burnikel, Evansville, has been elected an at-large board member of the Evansville Chamber of Commerce.

Dr. Adeline Muelchi Honored

Dr. Adeline Muelchi, Evansville, was honored for 50 years of medical practice recently at a joint meeting of the Vanderburgh County Medical Society and the Vanderburgh-Southwestern Medical Auxiliary.

Dr. Muelchi received a 50-Year Club pin from the Indiana State Medical Association in October. A native of Tell City, she was graduated from the IU School of Medicine in 1921. She joined the Perry County Medical Society in 1922 and transferred her membership and practice to Evansville two years later.

She began her work in pediatrics and "later branched out into general practice." She retired from active practice in 1967 but continues working in the Evansville public school system's health program three days a week.

Surpass United Fund Goal

Dr. William Stinson, Anderson, served as chairman of the Physicians Section in the Madison County United Fund campaign, which surpassed its goal. This year the physicians' goal was almost a 50% increase over last year.

Elected to Scottish Rite Office

Dr. Glenn W. Irwin, Jr., dean of the Indiana University School of Medicine, was elected prseident of the 694-member William H. Coon Class of the Indianapolis Scottish Rite recently.

Coordinates VD Programs

Dr. Dean Bahler, Crawfordsville, served as coordinator for a series of three programs on venereal disease held at Lafayette recently.

Attends Cardiology Meeting

Dr. Brunhilda Odulio, Mitchell, attended a recent meeting of the American College of Cardiology in San Francisco.

Named to Forensic Commission

Dr. James A. H. Benz, Indianapolis, and Dr. Joseph A. Greenlee, Avilla, were recently appointed by Governor Edgar D. Whitcomb to the Indiana Commission on Forensic Sciences.

Continued

NEW PROSTHETIC METHODS OPEN NEW DOORS

New doors have been opened to amputees — thanks to new prosthetic techniques. During the past few years many recent prosthetic developments now offer improved function for the amputee, as well as better appearance and increased comfort.

SILASTIC SILICONE MATERIAL - Silastic is useful in forming distal-bearing or total-contact pads that apply form-fitted pressure on the distal end of stumps. The density of this material may be varied to suit the individual requirements of each amputee.

TOTAL CONTACT SOCKET - Developed by research, this new socket distributes weight bearing over the entire stump. It is particularly helpful in problem cases of poor circulation.

MOLDED SACH FOOT - This Solid-Ankle, Cushion-Heel foot is more durable and its one-piece construction is more pleasing in appearance.

BAN-LON STOCKINETTE - This finer type stockinette when impregnated with plastic provides a more natural finish.

MUENSTER FITTING - Better control with less harness is achieved in this new method of fitting very short—below elbow stumps. The unusual socket shape utilized provides a more intimate fit assuring a more functional prosthesis.

For information on these developments, please write to:

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

NEWS NOTES

Continued

Dr. Richard Named Regent

Dr. Norman F. Richard, Angola, was named regent for the Indiana Division of the International College of Surgeons recently.

Speakers at the Indiana Division meeting in Indianapolis where his appointment was announced were **Drs. Merrill A. Ritter and John E. Jeseph of Indianapolis and Dr. Otis R. Bowen, Bremen.**

Abortion Program Speaker

Dr. Irving Rosenbaum, Indianapolis, spoke on "The Need for Abortion Repeal" at a meeting held in the Unitarian-Universalist Church in Columbus recently.

Dr. John Poncher Appointed

Dr. John R. Poncher, Valparaiso, has been appointed to the Joint Committee on Physical Fitness, Recreation and Sports Medicine of the American Academy of Pediatrics.

Addresses Alcoholism Seminar

Dr. Paul M. Flanagan, medical director at Fairbanks Hospital, Indianapolis, was the main speaker at a seminar on alcoholism held at the Central Labor Temple, Marion, recently.

The seminar was a project workshop sponsored by the Grant County Mental Health Association with the cooperation of the Central Labor Union.

Foundation Elects Dr. Bristol

Dr. Henry M. S. Bristol, Terre Haute, was recently elected a director of the Indiana State University Foundation. At the ISMA convention last October Dr. Bristol was the recipient of the 1971 A. H. Robins Community Service Award.

Surgeons Elect Dr. Curtner

Dr. M. L. Curtner, Vincennes, was elected vice president of the International College of Surgeons at a recent meeting in Panama which he and Mrs. Curtner attended.

Dr. Herod Speaks to Sorority

Dr. Gilbert T. Herod, Indianapolis, was the speaker at a recent meeting of the Indianapolis Alumnae Chapter of Alpha Phi Sorority. He discussed and showed slides of recent trends in cardiovascular surgery. The sorority's philanthropy is the Heart Fund.

Dr. Papadopoulos Inducted

Dr. Aristides P. Papadopoulos, Elkhart, was inducted into Fellowship in the American Academy of Orthopaedic Surgeons at the group's recent annual meeting in Washington, D.C.

Gives Cancer Program

Dr. E. L. Hedde, Logansport, told the history of cancer and methods of combating the disease at a recent meeting of the Logansport Rotary Club. He also showed slides on cancer.

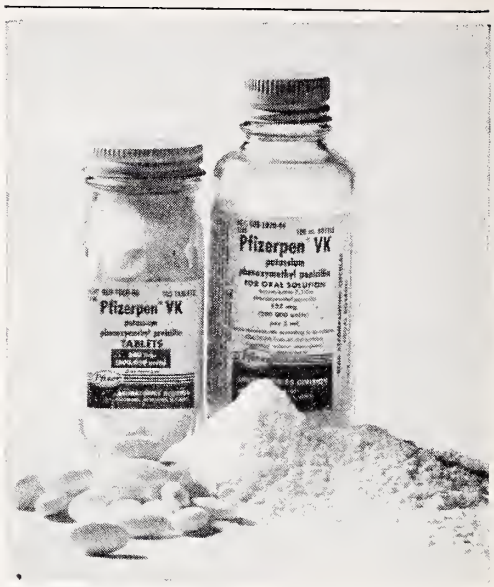
Dr. Green on Epilepsy Program

"Everything You Always Wanted to Know About Epilepsy" a question-and-answer session, was held recently under the auspices of the Epilepsy Education Group sponsored by the Marion County Association for Mental Health.

Dr. Joseph B. Green, Indianapolis, director of the Epilepsy Clinic at Riley Hospital, fielded the questions.

Continued on page 266

PFIZERPEN DOSAGE FORMS



Orange-flavored
Pfizerpen VK for Oral Solution
(potassium phenoxymethyl penicillin)
125 mg. (200,000 units)/5 cc.:
bottles of 100 cc. and 150 cc.
250 mg. (400,000 units)/5 cc.:
bottles of 100 cc. and 150 cc.

Pfizerpen VK Tablets
(potassium phenoxymethyl penicillin)
250 mg. (400,000 units): bottles of 100.
500 mg. (800,000 units): bottles of 100.



Butterscotch-caramel-flavored
Pfizerpen G Powder for Syrup
(potassium penicillin G)
400,000 units/5 cc.:
bottles of 100 cc. and 200 cc.

Pfizerpen G Tablets
(potassium penicillin G)
200,000 units: bottles of 100 and 500.
250,000 units: bottles of 100.
400,000 units: bottles of 100 and 1000,
and unit-dose pack of 100 (10 x 10's).
800,000 units: bottles of 100.

Pfizer LABORATORIES DIVISION
PFIZER INC., NEW YORK, N.Y. 10017

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COMES THROUGH AGAIN.



Now there are *two* ways to cut the cost of brand-name penicillin therapy.

Pfizerpen VK now joins Pfizerpen G (potassium penicillin G) for *true* economy in brand-name penicillin therapy.

When you write penicillin VK, it's for acid stability, solubility and rapid absorption. But when you write **Pfizerpen VK**, you add economy. Pfizerpen VK, more economical than the two leading brand-name penicillin VK products. G or VK. Just make sure it's Pfizerpen.

Tablets and Powder for Syrup

PFIZERPEN® VK
(POTASSIUM PHENOXYMETHYL PENICILLIN)
G OR VK. JUST MAKE SURE IT'S PFIZERPEN.

NEWS NOTES

Continued

Wins Photography Contest

Dr. Charles Entner, Dunkirk, won honorable mention in a recent national photography contest sponsored by the Kodak Company. His prize was a check for $100.

Speaks to Nurses Alumnae Group

Dr. Alvin Jahns, Merrillville orthopedic surgeon, spoke on total hip replacement at a recent meeting of the Chesterton Methodist Hospital Nurses Alumnae Association.

Dr. M. S. Brown Retires

After 40 years of general practice, **Dr. M. S. Brown, Spencer,** retired January 1. With the exception of 47 months he spent in the U. S. Air Force as a medical officer during World War II, Dr. Brown served the Owen County area throughout his career.

A native of Sullivan and a graduate of the I.U. School of Medicine, Dr. Brown said there were 17 practicing physicians in the county when he opened his office in 1931. Today there is only one, **Dr. Robert Rose.** A brother, **Dr. J. Stanley Brown** practices at Carlisle.

Named to Mental Health Board

Dr. Lawrence K. Musselman, Marion, was recently reappointed to a one-year term on the board of the Grant County Mental Health Association.

Radiologist Has Song Published

Dr. John E. Jenkins, Jr., radiologist at the Indianapolis Works of Western Electric, has recorded for publication a song he wrote and called "Back Track Bound."

A graduate of Fisk University and the Howard University Medical School, Dr. Jenkins sang with a professional quartet in New York before entering college. He has performed in productions at the Booth Tarkington Civic Theater and also has done two dramatic monologues for television. Although he has composed about 40 songs, "Back Track Bound" is the first one to be published, he said.

Certified in Pathology

The American Board of Pathology has announced that **Dr. Ralph M. Pratt, Jr., Madison,** has recently completed the requirements for certification in Anatomical and Clinical Pathology.

Health Commissioner on Program

Dr. Hershell Bornstein, Gary Board of Health Commissioner, was one of the speakers at the Lake County March of Dimes Fourth Annual Birth Defects Conference.

Dr. John Coons Retires

After 52 years of medical practice Dr. John Coons, Lebanon, has retired.

Some of his first patients were victims of the influenza epidemic of 1919-20, and he said that it was not uncommon to go into a house where every member of the family of eight was down with the flu. "Every bed had a sick person in it and sometimes there were pallets on the floor. I just had to go into the house, step over the sick, and find for myself what was needed," he said.

Dr. Coons is a senior member of the Indiana State Medical Association.

Speaks to Historical Society

Dr. Marvin L. McClain, Scottsburg, was the featured speaker at a recent meeting of the Scott County Historical Society. He recounted incidents and showed slides of his trip to Russia last year.

Anderson Physicians Assist In Raising Nearly $4 Million

At the annual Ground Hog Banquet sponsored by the Madison County 40 and 8 Club, **Dr. John C. Drake, Anderson,** reported that 101 nurses have been graduated as a result of attending nurses training on scholarships provided by the local 40 and 8. Originated in Anderson in the 1930s, the program of raising money for the scholarships went national in 1955. As a result, 6,248 nurses have been graduated, Dr. Drake said.

Eight students from Madison County are presently in nurses training on scholarships provided by the Madison County 40 and 8.

Dr. P. T. Lamey, Anderson, is national chairman of the project.

Shows Oriental Collection

Dr. Walter Compton, Elkhart, showed pieces from his collection of oriental porcelain and pottery and told of their history at a recent meeting of the Progress Club in Elkhart.

Dr. Powell Tells History of Insulin

Dr. Richard Powell, Indianapolis, spoke on "The 50th Anniversary of Insulin" at a recent meeting of the Howard County Diabetes Association at St. Joseph Memorial Hospital, Kokomo.

Named to Trauma Committee

Dr. T. Forrest Fisher, plant medical director of the U. S. Steel Company's Gary Works, has been named an associate member of the Trauma Committee, Chicago Chapter of the American College of Surgeons.

Participates in Ceremony

Dr. John Brincko, Merrillville, president of the medical staff of St. Mary Mercy Hospital, Gary, took part in ground breaking ceremonies for the new St. Mary Mercy Hospital Southeast in Hobart recently. The traditional spade of earth was turned that marked the beginning of construction of the $4.5 million full-service acute care hospital.

Renamed to AMA Committees

Three Indianapolis physicians have been reappointed to advisory committees of the American Medical Association, Dr. Max H. Parrott, chairman of the AMA's board of trustees, announced last month.

They are: **Dr. Norman R. Booher,** to the Council on Voluntary Health Agencies; **Dr. Sprague H. Gardiner,** to the Committee on Maternal and Child Care, and **Dr. Thomas W. Johnson,** to the Committee on Aerospace Medicine.

Honored at Cedar Lake

Dr. Robert King, one of the original founders of the town of Cedar Lake, and **Dr. Donald Miller,** first town board president following the second incorporation, were honor guests at a recent party in Cedar Lake.

Speaks At Smoking Withdrawal Clinic

Dr. Donald M. Pell, Muncie, addressed the St. John's Hickey Hospital Smoking Withdrawal Clinic at Anderson recently. The free clinic was held on four consecutive Tuesday nights and was sponsored by the hospital's Health Education Program.

Dr. Bowen Announces Candidacy

The town of Bremen turned out in force on a snowy winter day to hear **Dr. Otis R. Bowen** announce his candidacy for Governor of Indiana.

With the announcement from his front porch, Dr. Bowen, 53-year old physician and speaker of Indiana's House of Representatives became the first Republican in the gubernatorial race.

The town board had proclaimed Nov. 29 as "Dr. Otis R. Bowen Day" and the announcement was made as part of the celebration honoring Bowen for his "unselfish devotion to public service."

Dr. Bowen is a 14-year veteran in the Indiana General Assembly.

Emergency Medical Care Topic

The Indiana Chapter of the American College of Emergency Physicians will hold a meeting May 18 and 19 at the Airport Holiday Inn. Theme of the program will be the "500 Symposium on Emergency Medical Care," and special honor will be paid to **Dr. Thomas Hanna,** Speedway physician.

Reservations may be made by contacting either the motel or **Dr. Joseph McPike** at St. Vincent Hospital, Indianapolis.

Dr. Robert Frost Elected

Dr. Robert J. Frost, Michigan City, has been elected vice president of the American Society of Clinical Pathologists.

He was installed for a one-year term at the society's annual meeting in Boston recently.

Speaks at Capping Ceremonies

Dr. Ben E. Crouse, Mulberry, was the guest speaker at the capping ceremonies for the practical nurse program at the Tippewa Technical Institute, Indiana Vocational Technical College, recently.

Dr. Cope on Nursing Program

Dr. S. E. Cope, Huntington, spoke on respiratory diseases and drugs at a recent meeting arranged by the nursing service department of the Huntington Memorial Hospital.

Seymour Physician Appointed

Dr. Harold Miller, Seymour, has been named a member of the advisory committee for the Vocational Rehabilitation Division by the Indiana Rehabilitation Services Board.

On Sex Education Panel

Dr. Robert Ogle, Greenwood, participated in an "ask and be answered" forum on sex education sponsored by the Greenwood chapter of the American Association of University Women recently.

New Hospital Staff Officers Announced

The election of medical staff officers at a number of Indiana hospitals has been reported, as follows:

St. Joseph's, Huntingburg—Dr. Harry Craig, president and chief of staff; Dr. John M. Bretz, vice president; Dr. Victor Borges, secretary-treasurer; Dr. Sohrab Amini, chief of surgery; Dr. Allen Scales, chief of medicine; and Dr. Senen J. Encinas, chief of obstetrics.

White County Memorial, Monticello—Dr. Gerald R. Bougher chief of staff; Dr. Max L. Fields, vice chief of staff; and Dr. Charles E. Skidmore, secretary-treasurer.

St. Anthony, Terre Haute—Dr. W. W. Drummy, president; Dr. William Streeker, president elect; and Dr. Vicente Sison, secretary-treasurer.

Hendricks County, Danville—Dr. David Haggard, chief of staff; Dr. Robert Kirtley, vice president; and Dr. Eric Clark, secretary-treasurer.

Elected Chairman of Board

Dr. Sprague H. Gardiner, professor of obstetrics and gynecology at the Indiana-Purdue University, Indianapolis, School of Medicine, has been elected chairman of the board of trustees of the Marion County Health and Hospital Corporation.

Also serving on the board are Drs. Melvin S. Baird and James V. Cortese, Indianapolis.



"I remember when you used to look at me like that."

Four Reasons Dr. Marcus Welby Has Clear-Cut Advantage Listed

There are four basic reasons why television's Dr. Marcus Welby has a clear-cut advantage over his real-life colleagues.

Reports one authority (Dr. John Hirschboeck, coordinator of Wisconsin Regional Medical Programs): "Forty million people watch Dr. Welby every week and think he's their idea of a good physician."

He explains:

"What they don't realize is that he:

"(1) Handles only one patient a week.

"(2) Has a handsome and helpful young assistant.

"(3) Can devote complete hospital facilities to his one patient.

"(4) No one ever gets a bill."

According to the Health Insurance Institute, the average physician is more likely to:

"(1) Handle about three patients an hour.

"(2) Considers himself lucky if there's even a homely assistant nearby.

"(3) Is relying more on out-of-hospital care than ever before.

"(4) If his patients didn't pay their bills, he would probably have to turn in his shingle for a job as a technical consultant on a television doctor show."—**Health Insurance News.**

Earth Day Activities Blamed for Outbreak of Histoplasmosis

One of the largest outbreaks of histoplasmosis occurred in Delaware, Ohio, some weeks after the observance of Earth Day April 24, 1970. A number of students and faculty at the Willis Intermediate School became infected with an acute influenza-like illness during the first two weeks in May 1970. The illness came to be known as the "Willis flu" and the extent of the involvement was sufficient to close the school. Epidemiologic investigation revealed that 294 (31%) of the 949 students and faculty were ill enough to absent from school.

Indirect evidence established *H. capsulatum* as the specific etiologic agent, with common exposure occurring April 22 to 25. At that time, groups of students were involved in a series of clean-up activities associated with Earth Day. These activities included raking and sweeping around the school where blackbirds and pigeons were known to frequent, and where *H. capsulatum* was eventually recovered from the soil.

It is ironic that those involved in the anti-pollution activities of Earth Day caused the inadvertent contamination of the atmosphere around the school with *H. capsulatum* spores and also suffered the consequences of this specific type of air pollution.

FUTURE MEETINGS, SEMINARS, COURSES

Industrial Medical Group Schedules March Meeting

The Central States Industrial Medical Association will hold its Spring Meeting at the Hilton Hotel in Indianapolis on March 24 and 25. Subjects to be covered in scientific presentations are hand trauma, kidney dialysis, pulmonary function, cardiac function, drug abuse and psychological testing.

Cleveland Clinic Sets Two Postgraduate Courses

Announcement has been made of two postgraduates courses to be held at the Cleveland Clinic Educational Foundation.

The first one is "Diagnostic Immunology," to be held April 5 and 6.

The second is "New Concepts and Practices in Diseases of the Colon and Rectum," set for April 26 and 27.

For further information, call or write the Foundation at 2020 East 93rd St., Cleveland 44106.

Kidney Foundation Sets 11th Annual Symposium

The 11th Annual Kidney Disease Symposium of the Kidney Foundation of Michigan will be conducted at Mercy College Conference Center, Detroit, on May 19 and 20. A copy of the program and additional information may be obtained by writing the Foundation at 3378 Washtenaw Ave., Ann Arbor 48104.

Chicago to Host AMA's 32nd Occupational Health Congress

The 32nd Annual AMA Congress on Occupational Health will be held at the Drake Hotel, Chicago, September 11 and 12. Inquiries may be directed to Henry F. Howe, M.D. Secretary, Council on Occupational Health, 535 N. Dearborn, Chicago 60610.

Deaths

Otto H. Bakemeier, M.D.

Dr. Otto H. Bakemeier, 76, Indianapolis, who retired last year, died January 24 in Community Hospital.

A graduate of the Indiana University School of Medicine in 1923, he served in the United States Army in World War I. He became a Senior Member of the Indiana State Medical Association in 1965 and was a member of the Marion County Medical Society.

He was a charter member of the medical staff of Community Hospital and served on the hospital's board of trustees from 1962 to 1968.

Albert J. Crevello, Sr., M.D.

Dr. Albert J. Crevello, Sr., 60, a psychiatrist and neurologist who served at one time as director of Clearview Hospital, Evansville, the Vanderburgh County Child Guidance Center and the Mental Health Association of Vanderburgh County, died January 27 at St. Mary's Hospital.

For five years Dr. Crevello served as a resident psychiatrist with the Navy in the Philadelphia Naval Hospital; he later served on the staff of the Veterans Hospital in Philadelphia. He was a graduate of Jefferson Medical College, a diplomate of the American Board of Psychiatry and Neurology and a member of the Vanderburgh County Medical Society.

Cyrus Houshmand, M.D.

Dr. Cyrus Houshmand, 46, Bloomington surgeon, died January 19 when he suffered an apparent heart attack while driving from Indianapolis to Bloomington.

A native of Tehran, Iran, he was a graduate of the Indiana University Medical School in 1953. He was a resident in surgery for four years at Columbia Presbyterian Medical Center, New York City, and served as a captain in charge of the surgical section of the Army's 14th Field Hospital in Germany from 1958 to 1960.

He was president-elect of the Indiana division of the American Cancer Society and was a member of the Owen-Monroe County Medical Society.

Karl Koons, M.D.

Dr. Karl Koons, Indianapolis surgeon for 44 years, died January 11 in Methodist Hospital. He was 79.

A graduate of the Indiana University School of Medicine, Dr. Koons served his internship at Indianapolis General Hospital and his residency at the Mayo Clinic. He retired in 1968 and was an honorary staff member at Community, Methodist, St. Francis and St. Vincent Hospitals.

He was a Senior Member of the Indiana State Medical Association and became a member of its 50-Year Club in 1967.

Lyman T. Meiks, M.D.

Dr. Lyman T. Meiks, who for 16 years headed Riley Hospital and was chairman of the department of pediatrics at the Indiana University School of Medicine, died January 25 in Methodist Hospital. He was 69.

Dr. Meiks, who had served on the faculty or in an administrative position at the medical school for 36 years, was a member of the American Academy of Pediatrics and a former member of the Marion County Medical Society.

He was a graduate of the Johns Hopkins University Medical School in 1927 and had his residency training at the Yale University Hospital.

Samuel Morchan, M.D.

Dr. Samuel Morchan, 59, Indianapolis radiologist, died February 1 in Methodist Hospital.

A graduate of the Basel (Switzerland) School of Medicine, he served as a captain in the Army Medical Corps during World War II and was awarded the Silver Star and Bronze Star.

He was a lecturer in radiology at the Indiana University School of Medicine and was awarded the American College of Radiology Fellowship for distinguished service in radiology education. He also was treasurer of the Indiana Roentgen Society and served for many years as a radiology consultant at Methodist and General Hospitals.

He was a member of the Marion County Medical Society.

Floyd S. Napper, M.D.

Dr. Floyd S. Napper, a native of Scott County who served the residents of the Scottsburg area for nearly 40 years as a physician, died January 14 in South Bend at the age of 70.

He was a former county health officer and member of the Scott County Medical Society. He built the first hospital in Scott County, called Napper Hospital, which he operated until Scott County Memorial Hospital was completed in 1959. He formerly was chief of staff at the latter facility.

Dr. Napper was a graduate of the Indiana University School of Medicine.

Henry H. Reeder, M.D.

Dr. Henry H. Reeder, Jeffersonville, Clark County's first full-time health officer, died in a Louisville Hospital on January 31 at the age of 81.

A graduate of the University of Louisville School of Medicine, Dr. Reeder served in the Army Medical Corps in World War I, following which he returned to Jeffersonville and opened an office for the practice of medicine. With the outbreak of World War II, Dr. Reeder again entered military service, achieving the rank of lieutenant colonel. After the war he served as contract surgeon at the old Army Quartermaster Depot and as Clark County health officer.

Dr. Reeder retired in 1957. A Senior Member of the Indiana State Medical Association, he became a member of its 50-Year Club in 1965. He was a member of the Clark County Medical Society.

Dale Charles Weir, M.D.

Dr. Dale C. Weir, 84, of Louisville, Ky., died in a Louisville nursing home Jan. 10.

A native of LaGrange, Dr. Weir was a graduate of the Wayne University Medical School and practiced in Mongo and Three Rivers, Mich., until 1939 when he moved to LaGrange. He retired in 1959 and moved to Louisville.

He was a former member of the LaGrange County Medical Society and became a member of the ISMA 50-Year Club in 1964. ◄

County, District News

Benton

Dr. A. L. Coddens, Fowler, will continue to serve as president of the Benton County Medical Society, with Dr. Robert Leak, Boswell, and Dr. Donald L. McKinney, Otterbein, continuing as vice president and secretary, respectively. Drs. Coddens and Leak will serve as delegate and alternate delegate to the state convention.

Dearborn-Ohio

Mr. Earl Goff spoke on the Headstart program at the February meeting of the Dearborn-Ohio County Medical Society.

At the January meeting members heard a talk on legal-medical reports and fees by William Pfister, a Lawrenceburg attorney.

Greene

Drs. Isabelle Buehl and John Smith presented a program on "Pulmonary Function" at the January meeting of the Hancock County Medical Society. Thirty-two were in attendance and participated in a discussion of pending legislation.

Harrison-Crawford

Drs. Louis Blessinger, Wilfred Brockman and Carl Dillman, all of Corydon, have been elected to serve as president, vice president and secretary of the Harrison-Crawford County Medical Society. Drs. Blessinger and Brockman will be the delegates to the ISMA convention, with Drs. D. J. Dukes and S. W. Martin serving as alternates.

Jasper

Newly elected officers of the Jasper County Medical Society are Drs. Robert Greene, president, and Kenneth J. Ahler, secretary. Dr. Eugene O'Brien will be the alternate, with Dr. Ahler the delegate to the state convention.

LaGrange

Dr. F. X. Colligan, Topeka, has been elected president of the LaGrange County Medical Society. Dr. Richard D. Willard, Howe, is the new vice president, and Dr. H. F. Flannigan, secretary-treasurer.

Lake

Outgoing president Dr. John Reed was honored at the annual installation dinner of the Lake County Medical Society January 19. Dr. Daniel Ramker, Hammond, was installed as the new president; Dr. Mitchell E. Goldenberg, Munster, vice-president; and Dr. R. J. Bills, Gary, secretary-treasurer.

Named as delegates to the state convention were Drs. Henry S. Lebioda, T. C. Tyrrell, W. Grosso, J. J. Reed, Joseph Sala, L. W. Neal, T. Espy, W. Nelson and Ramker.

Drs. C. D. Egnatz, J. P. Birdzell, W. Repay, Arthur Goldstone, P. Gutierrez, N. Polite, L. Trachtenberg, D. Rudser and R. Goldstone were elected alternate delegates.

Marion

The following have been elected to serve as delegates to the state convention from the Marion County Medical Society:

Drs. Hugh K. Thatcher, A. Alan Fischer, William A. Karsell, Loren H. Martin, Edwin S. McClain, Charles E. Test, Hugh L. Williams, John W. Beeler, Joseph C. Finneran, I. E. Michael, Donald M. Schlegel, Morris E. Thomas, Malcolm L. Wrege, Albert M. Donato, George Klutinoty II, E. Henry Lamkin, Jr., Robert N. McCallum, Donald E. Stephens, Fred L. Toumey, Arvine G. Popplewell, Hubert N. Grimes and Michael L. Yacko.

Serving as alternates will be:

Drs. Richard A. Brickley, Max E. Freeman, M. Richard Harding, Henry G. Nester, John N. Pittman, Francis W. Price, Edward F. Steinmetz, George A. Clark, Joseph T. Farrell, E. R. Gabovitch, John D. Graham, Rex M. Joseph, Gerald J. Kurlander, Stafford W. Pile, Jr., James A. Crossin, Joseph M. Daly, George T. Lukemeyer, George F. Parker, Jr., George H. Rawls, Joseph F. Thompson, Robert J. Yingling and Dennis Nicholas.

Officers for 1972 are: President, Dr. Arvine G. Popplewell; vice president, Dr. Malcolm L. Wrege; secretary-treasurer, Dr. Charles R. Thomas, all of Indianapolis.

Porter

Mr. Dennis Hoover, Valparaiso attorney, spoke at the January 29 meeting of the Porter County Medical Society Executive Committee. His subject was drug abuse education, and he also discussed an ABA-AMA cooperative project. It was decided to appoint a committee to investigate such a project at the local level, and the following committee was appointed to work with Mr. Hoover and his committee to develop a proposal for presentation to the local bar and medical associations: Drs. Robert L. Koenig, John Crise and John Forchetti.

Putnam

Dr. Gene Hearst, Chicago pathologist, was the speaker at the January 14 meeting of the Putnam County Medical Society. His talk concerned DePauw having a two-year medical school. Eighteen were in attendance.

New officers of the Putnam County Medical Society are: Dr. Frederick R. Dettloff, Greencastle, president; Dr. John Ellett, Jr., Coatesville, vice president; and Dr. Edward J. Hannon, Greencastle, secretary.

Dr. F. E. Haggerty, Greencastle, will serve as delegate to the state convention.

Scott

Election of officers by the Scott County Medical Society resulted as follows: Dr. Benjamin Roberto, Austin, president; Dr. Jesus C. Bacala, Scottsburg, secretary; Dr. Marvin McClain, Scottsburg, delegate; and Dr. Manuel Dancel, Scottsburg, alternate.

Sullivan

Sullivan County will have the distinction of being the first county medical society ever to be represented by women physicians at the Indiana State Medical Association's annual convention in October, with Dr. Betty J. Dukes, Dugger, as delegate and Dr. Glen McClure, Sullivan, as alternate.

Dr. Kenneth W. Eskew, Sullivan, is the 1972 president of the Sullivan County Medical Society; Dr. Marion H. Bedwell, Sullivan, vice president; and Dr. J. S. Brown, Carlisle, secretary.

Washington

Drs. T. K. Tower, Campbellsburg, and F. T. Castueras, Salem, will serve as president and secretary, respectively, of the Washington County Medical Society in 1972. Serving as state convention delegate and alternate will be Drs. C. S. Manship, Hardinsburg, and Dr. Tower.

Wayne-Union

Dr. James Lewis, Richmond, was moderator of the panel discussion at the February 8 meeting of the Wayne-Union County Medical Society. Various proposals for health care legislation were discussed by Mr. James Imboden, AMA field representative; Mr. John Norris, AFL-CIO Indiana representative; and Mr. Paul Hill, an independent insurance agent.

Seventy-five members of the society and auxiliary were present.

Officers of the society for 1972 are: Dr. George M. Johnson, president. Dr. Tom Ebbinghouse, president-elect; Dr. John R. Dehner, secretary; Dr. Charles G. Clarkson, treasurer.

Serving as delegates and alternates to the state convention will be: Drs. Glen Ward Lee and Tom S. Shields, and Drs. John Stepleton and James R. Daggy. All are of Richmond.

Wells

Mr. William Roose, registered pharmacist, spoke on "drug abuse" at the January meeting of the Wells County Medical Society. Wives of members and registered pharmacists of Wells County were guests.◀

INDIANA STATE MEDICAL ASSOCIATION

Financial Statements

Year Ended September 30, 1971

Indianapolis
December 17, 1971,
as of October 28, 1971

Board of Trustees,
Indiana State Medical Association,
Indianapolis, Indiana.

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1971 and the related statements of general fund income and expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, subject to the ultimate outcome and effect of the Internal Revenue Service examination described in note 7, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1971 and the results of its general fund operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary schedules have been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion (subject to the aforementioned contingency), are fairly stated in all material respects in relation to the financial statements taken as a whole.

Certified Public Accountants
Geo. S. Olive & Co.

Exhibit A

Statement of General Fund Income and Expense

	Year Ended September 30		
	1971 Budget	1971 Actual	1970 Actual
INCOME—notes 1 and 2:			
Dues	$ 394,027	$ 388,352.02	$ 346,748.75
Less: Dues allocated as follows:			
Building fund	39,300	39,532.50	39,422.50
American Medical Education fund	19,650	19,780.00	19,725.00
The Journal	24,228	24,231.00	26,223.50
Medical Defense fund	4,912	4,941.60	4,931.25
	88,090	88,485.10	90,302.25
Dues available for general fund operations	305,937	299,866.92	256,446.50
Other income:			
Interest income on investments	12,000	9,397.47	17,094.36
Amounts received from American Medical Association	2,000	4,041.50	2,635.15
The Journal—net (loss)—schedule A-1	(4,267)	(16,222.70)	(6,916.99)
Miscellaneous income (expense)	2,000	(937.47)	2,481.15
	317,670	296,145.72	271,740.17
EXPENSE:			
Committees and commissions—schedule A-2	47,300	19,911.13	41,408.37
Officers and board—schedule A-2	45,500	38,661.45	45,890.82
Headquarters office—note 3—schedule A-3	181,373	191,949.39	181,976.81
Annual meeting expense—schedule A-4	10,000	11,394.96	9,550.97
Membership expense	4,500	8,633.58	4,236.69
Dues, subscriptions and donations		4,286.24	3,486.50
Employees' retirement expense	18,000	19,545.90	15,975.87
	306,673	294,382.65	302,526.03
NET INCOME (LOSS)	$ 10,997	$ 1,763.07	$(30,785.86)

(Exhibit C)

INDIANA STATE MEDICAL ASSOCIATION

Statement of Financial Condition at September 30, 1971

ASSETS

GENERAL FUND:			
Cash on deposit and on hand		$ 90,056.21	
Investments—at cost:			
U. S. Treasury bonds (market value $46,370)		55,121.09	
U. S. Treasury bills		128,032.10	
Mutual fund shares (market value $30,785)		28,427.69	
Accounts receivable		13,612.67	
Prepaid expense and miscellaneous assets		10,508.89	
Office furniture and equipment—note 2	$ 52,046.47		
Less: Accumulated depreciation	37,547.10		
		14,499.37	
			$340,258.02
BUILDING FUND—note 4:			
Cash on deposit		$ 2,388.88	
Cash in savings account		6,281.48	
U. S. Treasury bills		70,181.09	
Prepaid expense		473.63	
Headquarters building—note 2:			
Land	69,187.60		
Office building and improvements	$326,037.24		
Less: Accumulated depreciation	61,121.58		
	264,915.66		
		334,103.26	
Rental properties—at cost (net of $10,507.72 accumulated depreciation)		82,650.28	
			496,078.62
STUDENT LOAN FUND—note 5:			
Cash on deposit		753.38	
Cash in savings account		18,340.70	
Certificates of deposit		20,810.00	
Notes receivable from students		95.92	
			40,000.00
MEDICAL DEFENSE FUND:			
Cash on deposit		1,175.35	
Cash in savings account		7,016.55	
U. S. Treasury bonds (market value $19,300) plus accrued interest receivable		25,306.98	
Due from general fund		3,249.10	
			36,747.98
CHAMPUS FUND—see note 6			
			$913,084.62

See accompanying notes to financial statements.

LIABILITIES AND FUND BALANCES

GENERAL FUND:		
Accounts payable	$ 10,748.38	
Accrued taxes	646.57	
Allocation of dues payable to American Medical Education and Research Fund	19,780.00	
Advances from American Medical Association	10,033.71	
Unearned portion of 1971 dues	94,275.48	
Exhibitors' deposits for 1971 annual meeting	10,615.00	
Due to medical defense fund	3,249.10	
Fund balance—exhibit C	190,909.78	
		$340,258.02
BUILDING FUND:		
Accrued taxes on rental properties	2,796.69	
Damage deposits and accounts payable	1,160.00	
Loans from members (non-interest bearing)	21,625.00	
Fund balance—exhibit C	470,496.93	
		496,078.62
STUDENT LOAN FUND:		
Fund balance—exhibit C:		
Principal balance appropriated from general fund—note 5	40,000.00	
		40,000.00
MEDICAL DEFENSE FUND:		
Fund balance—exhibit C	36,747.98	
		36,747.98
CHAMPUS FUND		
		$913,084.62

INDIANA STATE MEDICAL ASSOCIATION

Statement of Changes in Fund Balances,

Year Ended September 30, 1971

	General Fund	Building Fund	Student Loan Fund	Medical Defense Fund	Champus Fund
FUND BALANCES, OCTOBER 1, 1970	$187,559.21	$443,883.28	$40,000.00	$31,788.63	$121,000.00
ADDITIONS:					
Dues allocated to restricted funds		39,532.50		4,941.60	
Other income credited directly to restricted funds		3,015.84		916.57	
Allocations of building expenses to other activities		4,524.00			
Adjustment resulting from exemption of headquarters building from state and local property taxes	1,587.50	8,712.07			
Net income, year ended September 30, 1971—exhibit A	1,763.07				
	3,350.57	55,784.41		5,858.17	
DEDUCTIONS:					
Headquarters building expense charged to building fund—note 3:					
Depreciation		8,772.47			
Utilities		6,248.75			
Repairs and maintenance and other		5,841.28			
Insurance		1,404.28			
Cleaning service		6,480.35			
Expense of rental properties net of rental income received		423.63			
Malpractice defense fees charged directly to Medical Defense Fund				898.82	121,000.00
Repayment of advance from U. S. Government—note 6		29,170.76		898.82	121,000.00
FUND BALANCES, SEPTEMBER 30, 1971—exhibit B	$190,909.78	$470,496.93	$40,000.00	$36,747.98	$

See accompanying notes to financial statements.

Notes to Financial Statements

NOTE 1—GENERAL PURPOSE AND NATURE:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association.

The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life.

The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of section 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

NOTE 2—METHOD OF ACCOUNTING AND BASIS OF ASSETS:

The Association maintains its books and records on the accrual basis. Investments in securities, rental properties and various other assets reflected in the statement of financial condition are carried at cost if purchased or at market value at date of receipt if acquired by gift. Unless stated otherwise, the market value of investments in securities approximates cost.

Depreciable assets are carried at cost and are depreciated on the straight-line method over the estimated useful lives of the respective assets.

The assets, liabilities and operations of The Journal, the Association's monthly publication, are reflected as a part of the general fund in the accompanying financial statements. The budget for the year ended September 30, 1971 has been adjusted to include the operations of The Journal.

NOTE 3—BUDGET ADJUSTMENT:

The 1971 budgeted headquarters expense shown in exhibit A reflects a $7,500 reduction from the budget approved by the Association's Board of Trustees covering expenses reclassified as building fund charges in the accompanying statements of changes in fund balances.

NOTE 4—RESTRICTION OF BUILDING FUND ASSETS:

The building fund assets are restricted for the replacement of the headquarters building to the extent of the related accumulated depreciation of $52,349.

NOTE 5—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate irrevocable charitable trust established in October, 1955, for the purpose of making loans to medical students. The assets and equity of this trust are included in the accompanying financial statements in order to reflect the fiduciary responsibilities of the Indiana State Medical Association as trustee of the fund. This loan fund was created and funded through cash appropriations from the general fund totaling $40,000 over a five-year period beginning in May, 1956.

Under the terms of an agreement with The Indiana National Bank, Indianapolis, the bank is making loans to students enrolled and in satisfactory standing at the Indiana University Medical School at the rate of twelve and one-half dollars for each dollar placed in a capital reserve at the bank. As of September 30, 1971, the bank held $20,810 in this capital reserve (represented by certificates of deposit) thereby producing an available loan balance approximating $260,000, of which $46,000 had been loaned to medical students. The Association is contingently liable for these latter loans to the extent of the collateral only.

The Executive Committee, in conjunction with the Student Loan Committee, reviews the student loan situation annually for the purpose of authorizing further general fund appropriations to the loan fund as additional funds are needed to guarantee loans under

the agreement with The Indiana National Bank.

NOTE 6—CHAMPUS FUND:

During the current year, the Association repaid the advance from the U. S. Government which heretofore had been used to cover checks issued from the U. S. Army Bank Account for CHAMPUS claims payable to physicians. The Association now releases these checks after receiving reimbursement from the U. S. Government and therefore the advance was no longer considered necessary.

NOTE 7—SUBSEQUENT EVENT:

Subsequent to September 30, 1971, the Internal Revenue Service initiated an examination of the Association's federal return for organizations exempt from income tax. The Association is unable to determine the amount of tax liability, if any, which may result from this examination.

SUPPLEMENTARY SCHEDULES

Schedule A-1

The Journal Statement of Operations

	Year Ended September 30 1971 Budget	1971 Actual	1970 Actual
INCOME:			
Dues allocated from general fund	$ 24,228.00	$ 24,231.00	$ 26,223.50
Subscriptions—non-members	1,500.00	1,434.10	2,166.00
Advertising	33,946.68	38,414.45	38,154.04
Other	5,000.00	4,204.59	10,067.20
	64,674.68	68,284.14	76,610.74
EXPENSE:			
Salaries, commissions and outside help	16,000.00	23,586.04	18,282.81
Printing and reprints	38,159.83	42,735.57	47,832.53
Engraving, art work and photgraphs	4,402.17	6,472.19	5,469.92
Office supplies and postage	557.66	741.19	557.26
Travel and meeting expense	1,642.69	526.49	1,823.82
Bulk mailing	1,405.47	1,245.25	1,638.25
Other publishing expense	996.80	1,087.91	977.48
Indiana gross income tax		749.00	595.94
Payroll taxes	472.63	729.96	579.47
Rent utilities and depreciation	3,029.33	3,526.97	3,526.97
Telephone and telegraph	343.96	448.57	406.80
Insurance and retirement	1,232.65	1,665.37	1,034.48
Cash discounts allowed and miscellaneous	698.76	992.33	802.00
	68,941.95	84,506.84	83,527.73
NET (LOSS)—exhibit A	$(4,267.27)	$(16,222.70)	$(6,916.99)

Schedule A-2

Analysis of Operating Expense—
Committees and Commissions—Officers and Board

	Year Ended September 30 1971 Budget	1971 Actual	1970 Actual
COMMITTEES AND COMMISSIONS:			
Standing committees:			
Executive	2,500	1,707.46	3,497.57
Grievance	100	348.80	42.00
Student loan	50		17.76
Medical-legal review		15.00	47.00
Future planning	300	66.76	313.27
Sports and medicine	100	29.93	112.80
Medicine and religion	100	79.82	
Commissions:			
Constitution and bylaws	500	156.31	382.62
Legislation	750	2,113.65	172.30
Public information	500	354.64	291.75
Governmental medical services	500	380.49	530.23
Public health	500	376.86	453.10
Voluntary health agencies	500	647.93	1,109.59
Medical economics and insurance	500	648.67	490.30
Inter-professional relations	200		6.00
Medical education and licensure	500	736.19	401.58
Special activities	500	392.63	590.19
Aged and aging	400	288.11	373.60
Emergency medical services	400	252.22	231.18
Special programs and miscellaneous	8,500	3,472.16	6,531.36
Education	3,000	514.59	2,956.89
Board committees:			
President's advisory			161.70
Health week	25,000		15,875.08
County society officers' conference	1,500	3,136.03	1,207.43
Computer project			5,000.00
Government medical programs		207.98	555.07
Medical insurance review		139.19	58.00
Ad hoc to Blue Shield		3,706.46	
Hospital conference	400	139.25	
Totals—exhibit A	$47,300	$19,911.13	$41,408.37
OFFICERS AND BOARD:			
President	$ 8,000	$ 9,986.67	$ 9,858.42
President-elect	2,000	2,711.48	2,621.22
A.M.A. meetings	15,000	16,968.80	13,868.12
Treasurer's office	4,500	3,550.20	4,075.76
Board chairman and board meetings	2,000	810.38	2,180.29
Board meetings	14,000	4,633.92	13,287.01
Totals—exhibits A	$45,500	$38,661.45	$45,890.82

Schedule A-3

Analysis of Operating Expense—Headquarters Office

	Year Ended September 30 1971 Budget	1971 Actual	1970 Actual
Salaries	$120,000	$116,007.80	$109,345.40
Telephone and telegraph	9,833	10,210.20	7,843.88
Postage	5,000	7,388.83	4,593.80
Printing and office supplies	6,350	9,303.72	5,675.30
Travel, entertainment and field expense	15,000	18,906.31	15,370.34
Building operations			6,281.94
Insurance	8,800	7,222.60	8,961.18
Extra help	1,000	65.23	1,332.24
Payroll taxes	4,390	4,004.28	3,524.55
Property taxes			1,257.19
Indiana gross income tax		309.50	
Equipment maintenance		1,259.11	1,890.76
Depreciation of furniture and equipment		4,823.49	5,390.75
Legal fees	6,000	2,422.00	8,687.67
Special accounting and data processing services		5,010.88	
Miscellaneous	5,000	5,015.44	1,821.81
Totals—exhibit A	$181,373	$191,949.39	$181,976.81

Schedule A-4

Analysis of Operating Expense—Annual Meeting

	Year Ended September 30 1971	1970
Convention planning	$ 3,376.30	$ 675.55
Speakers' travel and expense	1,297.83	1,951.81
Technical exhibits, circulars, etc.	1,845.49	2,801.23
Scientific program and exhibits	1,143.07	803.25
Programs, handbooks and printing	5,840.92	5,308.07
Badges	527.13	104.35
Meetings—Council and House of Delegates	750.00	1,350.09
Telephone service	131.92	153.24
Office personnel expenses	1,779.77	722.75
Plaque awards	278.49	435.31
Prizes—annual meeting	1,094.18	349.64
50-year club	256.88	187.41
Photography	440.00	557.00
Banquet, luncheon and party	4,963.94	10,504.74
Miscellaneous	1,644.04	1,946.53
	25,369.96	27,850.97
Less: Income from exhibitors' booths	13,975.00	18,300.00
Excess of expense over income—exhibit A	$11,394.96	$ 9,550.97

Association News

EXECUTIVE COMMITTEE

Saturday, January 8, 1972

The Executive Committee convened at 4:00 p.m. Saturday, January 8, in the headquarters building with Donald M. Kerr, M.D., presiding. Roll call showed the following present: Donald M. Kerr, M.D., Wilbert McIntosh, M.D., Peter R. Petrich, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Lester Hoyt, M.D., Hugh K. Thatcher, Jr., M.D., Frank B. Ramsey, M.D., and James A. Waggener, and a guest, Charles Bonsett, M.D.

BONSETT PROJECT—Dr. Bonsett appeared before the committee for further discussion of the restoration of the old Pathology building on the grounds of Central State Hospital and suggested need for additional financial assistance and for a consolidation of efforts along with the Indiana State Medical Association in being responsible for the operation and control of the unit.

Following discussion, by consent, this matter is to be referred to the Board of Trustees. Dr. Bonsett then left the meeting.

MINUTES OF THE MEETING held December 15 were approved on motion of Dr. Petrich and Dr. Gosman.

THE MEMBERSHIP REPORT was reviewed and approved by consent.

Membership Report

Number of members as of December 31, 1970	4,505
1971 Members as of November 30, 1971:	
Full dues paying members	3,998
Residents and interns	90
Senior	373
Board Remitted	55
Honorary	3
Military	38
Total 1971 members as of December 31, 1971	4,557
Total 1970 members as of December 31, 1970	4,505
Number of AMA members as of December 31, 1970	4,337
Number of AMA members as of December 31, 1971	4,293
Full dues paying	3,738
Exempt, but active	555
	4,293
Number who paid state dues but not AMA dues as of December 31, 1971	261
Number who paid state dues but not AMA dues as of December 31, 1970	168

Headquarters Office

LETTER FROM BARTON, CURLE & McLAREN—A letter from Barton, Curle and McLaren concerning additional insurance coverage on the air conditioning equipment and various motors was reviewed and, by consent, it was agreed not to purchase this additional insurance.

PURCHASE OF DISHES—The secretary reported that Mrs. Chernish had sought permission to buy dishes for the basement area and he had discussed this with Dr. Dukes who had given his permission for her to proceed but felt this was a matter for executive committee approval.

The action of the chairman of the Board and executive secretary was approved by consent.

KITCHEN INSTALLATION—The progress on the kitchen and its installation was reported for the information of the committee.

Treasurer's Report

The Treasurer's report was approved on motion of Dr. Hoyt and Dr. Petrich.

Organization Matters

LETTER FROM ATTORNEY GENERAL—A letter from the attorney general's office offering sufficient pamphlets on consumer protection and consumer education to be sent to the membership of the association was read and, on motion of Dr. Petrich and Dr. McIntosh, the secretary is instructed to include this material in the next News Letter.

ISMA TAX CASE REPORT—A letter from Branigin and DeMoss, attorneys in Franklin, addressed to Judge Ralph Hamill concerning the progress of the tax case of the association was reviewed for the information of the committee.

LETTER FROM LEGAL COUNSEL—A letter from Stewart, Irwin, Gilliom, Fuller & Meyer addressed to another attorney concerning rules and regulations on vasectomies was reviewed for the information of the committee.

INTRAV CONTRACT—The contract for the Scandinavian Adventure by Intrav, Inc. was reviewed and the secretary was instructed to obtain a legal opinion from the association legal counsel concerning this contract before it is signed by the association.

LETTER FROM KENNETH O. OLSON, M.D.—A letter from Dr. Kenneth Olson concerning the action of the House of Delegates adopting the resolution on restrictive covenants and requesting an opinion as to a monetary consideration instead of restrictive covenant and how this can be handled ethically was read.

The secretary is instructed to write Dr. Olson concerning the monetary consideration.

DECERTIFICATION OF TWO INDIANA PHYSICIANS—Letters were read from the State Department of Public Welfare addressed to two Indiana physicians notifying them they were being decertified as a provider under Title XIX of the Social Security Act.

LETTER FROM WELFARE DEPARTMENT—A letter from the Welfare Director addressed to the Indiana congressional delegation and others expressing dissatisfaction over the handling by HEW and their recent actions directed at the State of Indiana of their certification program for extended care facilities and nursing homes was read and, by consent, the secretary was instructed to commend Mr. Sterrett, the Director, on his letter and to offer our assistance in any way we could be of assistance to him in this situation.

REPORT ON KOSCIUSKO SUIT—A report was received from Stewart, Irwin, Gilliom, Fuller & Meyer concerning a Kosciusko County situation and, by consent, the secretary is instructed to send a copy of the letter to the County Medical Society.

CAR LEASING—A report from the Imke Circle Leasing, Inc., concerning the number of inquiries they have received in regard to the car leasing program was reviewed for the information of the committee.

FORMATION OF CALUMET AREA FOUNDATION—A copy of the proposed By-Laws of the Calumet Foundation for Medical Care was reviewed for the information of the committee.

AMA APPOINTMENTS—A letter from the AMA announcing the appointments to the various committees and councils of the association listing those from Indiana was reviewed for the information of the committee.

LETTERS FROM HEW—A letter from the Department of HEW inviting the association to seek a Federal grant for two projects (1) Health Services Delivery Systems and (2) for the development of Experimental Medical Care Review Organization. Both invitations were taken as a matter of information.

INDIANA HEALTH CAREERS DONATION—A letter from Indiana Health Careers seeking a donation from the association was reviewed and, on motion of Dr. Dukes and Dr. McIntosh, they are to be sent $50.

MINUTES—INDIANA SCHOOL

HEALTH COUNCIL—Minutes of the Indiana School Health Council Representatives were reviewed and it was noted that some Indiana physicians were members of the Council and, by consent, the secretary was instructed to determine how these appointments were made.

LETTER FROM WASHINGTON STATE MEDICAL ASSOCIATION—A letter from the Washington State Medical Association was read announcing they proposed to renominate Dr. Robert Hunter for the position of trustee of the AMA at the June meeting.

Blue Shield Matters

Several matters dealing with the proposed merger of staffs of Blue Cross-Blue Shield together with the minutes of the Executive Commitee held December 8 were reviewed for the information of the committee.

1972 Convention

SURVEY BY WISCONSIN—A survey made by the Wisconsin State Medical Society on the percentage of attendance at the Wisconsin, Iowa, Illinois, Michigan, Minnesota, Indiana and Ohio conventions was read.

PLANS FOR 1972 MEETING—Plans for the 1972 meeting to be held at the Convention Center were reviewed for the information of the committee.

The Journal

PRINTING OF THE JOURNAL—The secretary reported on a bid he had received from the Ovid Bell Printing Company of Fulton, Mo., for publishing *The Journal* and he is to receive a bid from the Gibbs-Inman Company in Louisville, Ky. This matter was continued pending receipt of the various bids.

New Business

Dr. Hoyt suggested to the committee that the ISMA should go back to the old system of naming the subject matter to be handled by the various Reference Committees rather than numerical designation.

He also felt that the Executive Committee should recommend to the Board that a resolution be presented to the House of Delegates requiring a fiscal note of that resolution or report calling for an expenditure of association funds.

He also proposed that the Executive Committee recommend to the Board of Trustees that a resolution should be presented at the fall meeting to allow the SAMA organization to have a vote in the House of Delegates and also to consider the establishment of a Section on Interns and Residents.

Future Meetings

It was called to the attention of the committee that the original date scheduled for the Washington visitation was in conflict with the Indiana Academy of Family Practice Meeting and the secretary was authorized to attempt to have the visitation on April 11, 12 and 13, providing Congress is in session at that time.

On motion of Dr. Hoyt and Dr. Petrich the executive secretary was authorized to attend the meeting of the Senior Medical Executives Society to be held in Chicago on January 27 and 28.

The secretary also read invitations he had received to attend the Illinois state meeting in Chicago March 7-11 and the Ohio state meeting May 8-11; and the president announced he was planning to attend both of these meetings.

There being no further business, the committee adjourned to meet again on Saturday, March 4, 1972 at 4:00 p.m. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—January 1972

Disease	Jan. 1972	Dec. 1971	Nov. 1971	Jan. 1971	Jan. 1970
Animal Bites	412	574	644	267	312
Chickenpox	452	259	214	458	619
Conjunctivitis	161	138	139	172	83
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	9	15	13	9	37
Gonorrhea	512	977	546	579	590
Impetigo	196	151	192	156	94
Infectious Hepatitis	18	53	42	17	46
Infectious Mononucleosis	93	122	100	73	85
Influenza	14074	2473	1361	2551	2845
Measles					
Rubeola	288	208	118	8	26
Rubella	82	90	62	163	124
Meningococcic Meningitis	1	3	4	1	1
Meningitis, Other	4	8	8	0	2
Mumps	167	111	85	618	196
Pertussis (Whooping Cough)	11	7	4	13	0
Pneumonia	555	341	297	570	456
Poliomyelitis	0	0	1	0	0
Streptococcal Infections	1083	884	758	894	867
Syphilis					
Primary & Secondary	11	18	31	29	39
All Other Syphilis	60	111	70	83	68
Tinea Capitis	3	1	2	7	2
Tuberculosis (Active)	55	73	68	77	101

COMMERCIAL ANNOUNCEMENTS

FOR SALE: Officially, Attested, Advanced Register Angus bulls, also, frozen semen from proven sires. Write today for prices and production data.
WYE PLANTATION Queenstown, Maryland 21658
Telephones: 301/827-7160
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MONTEGO BAY JAMAICA: Three bedroom, three bath villa; three servants; swimming pool; private beach; competitive rent. Nearby golf, fishing, etc. 10% off national advertised rent for ISMA members. Inquire for details: D. F. Buehner, M.D., 3700 Bellemeade, Evansville, Ind. 47715.

ORTHOPAEDIC SURGEON WANTED

TO JOIN three man orthopaedic surgeons clinic in progressive, well industralized, attractive, midwest city.
Coll collect or write for details to: Orthopoedic Clinic 402 South Berkley Road, Kokomo, Indiana 46901. Telephone: (317) 457-4401.

GENERAL SURGEON, board eligible with Gyn and Orthopedic surgery experience, interested in solo practice in 2-15,000 town with good hospital. Good references and available immediately. Box 374, The Journal, ISMA, 3935 N. Meridian St., Indianapolis, Ind. 46208.

WANTED — well trained internist or general practitioner who is interested in improving and expanding the physical exam department of an industrial clinic in Indianapolis. The physical exams include routine pre-employment, executive and special examinations. Reply Box 371.

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FOR SALE: 200 MA GE x-ray with Bucky and developing equipment, etc. Bought in 1962. Has had total of 1900 x-rays taken. Contact: David R. Cain, M.D., 1912 Bundy Ave., New Castle, Ind. 47362.

GENERAL PRACTITIONER WANTED—to ossociote with 35-year old general practitioner, west central Indiana. Financial remuneration competitive. Please write to Parke Clinic, P.O. Box 185, Rockville, Ind. 47872.

NEW ULTRA-MODERN medical building has 3 suites available for immediate occupancy. Desirable especially for ophthalmologist, radiologist, E.N.T., O.B., Gyn., Pediatrician, fomily practice. Pharmacy next door. All utilities included except phone. Write J. A. Torrella, M.D., Torrella Medical Building, 5324 West 16th Street, Speedway City, Indiana 46224, or phone collect, 317-244-5942 or 317-244-4578.

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OIL PAINTINGS—private collection of 18th-19th Century French, English, German, Flemish painters offered for sale. Write Box 423, Zionsville, Ind. 46077, for particulars.

MEDICAL-DENTAL OFFICE FOR LEASE—Newly redecorated; corner Hursh Road and 427, Cedar Creek area, 8 miles north of Fort Wayne, Ind. Contact Dr. Robert Hillery, M.D., 5110 N. Clinton St., Fort Wayne, Ind. 46805; phone 483-9591.

IMMEDIATE OCCUPANCY — Excellent location on Indianapolis northwest side; Northwest Professional Building, 1250 sq. ft. carpeted office, 4 examining rooms, private back entrance; accessible to all hospitals. George Klutinoty, II, M.D., telephone 844-2155 or 846-5835.

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ALL SPECIALTIES AND GPs, TO $50,000 PER YEAR. Normal hours, excellent fringe benefits, ideol family living conditions, locations in Indiana. Send curriculum vitae or call: John W. Brill, area code 317, 547-9595, Brill Personnel, Inc., 4000 Meadows Drive, Suite 102, Indianapolis, Ind. 46205.

PHYSICIANS WANTED: Physiatrist for large midwest rehab center; G. P. or internist for midwest industrial; board certified anesthesiologist for medium size midwest hospital; cordiologist for research; G. P. for university health service; any specialty for large midwest clinic group. Indiana Medical Bureau, 816 Hume Mansur Bldg., Indianapolis, Indiana 46204. Licensed employment agency.

IMMEDIATE OPENING for Ob-Gyn, Internal Medicine, and Orthopedic specialties to establish successful practice with 14-man multi-specialty group. Excellent group benefits; pension plan; modern clinic facilities; progressive community with excellent educational system including two colleges; city population 35,000; good recreational facilities; each specialty must be board eligible or certified; young mon with military obligation completed. Contoct: Business Manoger, The Manitowoc Clinic, 601 Reed Avenue, Manitowoc, Wis. 54220.

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Male, age 28, married, wife on R.N., hos B.S. in biology, 4 years as Navy Medical Corpsman, total of 9 yeors in medical fields; for odditional details on this or other dedicated applicants, call collect 1-513-221-1112, or write: Medical Nursing Employment Services, Inc., 400 Oak St., Cincinnati, Ohio 45219 Mrs. E. B. Kruse — Executive President.

OFFICE SPACE ovailable for lease in Jeffersonville Medical Arts Building. Excellent location across from Clark County Memorial Hospital. For details contact Mr. James F. Snyder, 207 Sparks Ave., Jeffersonville, Ind. 502-585-4155.

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Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature products, services, etc.) (i.e., firms selling brand will be considered for display type advertising.

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—George Sarton, from "The History of Medicine Versus the History of Art"

Should nongovernment scientists and physicians play a role in drug regulation?

Opinion

Results of a questionnaire to 7000 physicians:

82.8%
Physicians should play a role

78.3%
Independent scientists should play a role

69.8%
Medical academicians should play a role

Opinion & Dialogue

Dialog

Should nongovernment scientists and physicians play a role in drug regulation?

Doctor of Medicine

Herbert L. Ley, Jr., M.D., M.P.H., Formerly Commissioner, F.D.A. (1968-1969) Currently Medical Consultant

In order for drug regulation to be effective, participation in the regulatory process from nongovernment physicians and scientists must be encouraged. Without such involvement, there will continue to be a high degree of controversy surrounding any regulations promulgated by the Food and Drug Administration.

There are two areas in which participation and communication by nongovernment physicians and scientists could significantly improve the process of regulation. First, scientists and physicians throughout the country could become involved in consulting relationships with the Food and Drug Administration in important scientific areas while regulatory policies are being evolved. If nongovernment professionals could bring their expertise and experience to bear early in the decision-making process, they would have less reason to criticize the final outcome.

Secondly, practicing physicians, academic physicians, and academic-based scientists could make it their business to comment on proposed regulations appearing in the Federal Register. Ideally, a system could be instituted whereby medical, scientific and technical people could see the Federal Register regularly, and provide the Food and Drug Administration with a body of opinion that has so far gone unheard. The FDA is caught among pressures from industry, Congress, the Presidential Administration and consumers. It should also feel pressures from practicing physicians and scientists.

In order to become more involved in these stages of the drug regulatory process, nongovernment physicians and scientists should begin to exercise their influence through their respective professional organizations,



state and national medical societies, and specialty groups. Logically, a letter from these organizations representing a collective opinion has far greater weight in the regulatory process than individual letters. If the Food and Drug Administration receives opinions from these organizations early, before a regulation gets into the Federal Register, they are in a good position to respond with further study and review. Without such dissenting opinions, there is very little incentive to make changes in proposed regulations.

One instance in which practitioners did influence drug regulatory affairs in this way is the recent controversy that arose over the legitimacy of drug combinations. The strong opinion of practitioners on the value of such medication in clinical practice played a very prominent role in making the Food and Drug Administration modify its rather restrictive policy.

Another way in which practitioners can effectively influence drug regulations is by working with drug manufacturers conducting clinical trials of chemotherapeutic agents. When a drug is rated other than effective it may only mean that there is a lack of controlled clinical evidence as to efficacy. Thus, physicians might offer to conduct clinical studies that could help keep a truly effective drug in the marketplace. The treatment of diseases such as diabetes and angina are areas where the practitioner can aid in clinical studies because patients suffering from these diseases are rarely found in the conventional hospital setting.

By working with ethically and scientifically sound study designs in his everyday practice, the practitioner could begin to play an important part in determining official ratings on drug efficacy.

Nongovernment physicians and scientists and the FDA should also improve their lines of communication to the public. The medical community must develop a voice every bit as loud as that of the consumerists, the press, and others who sometimes criticize without complete information. If not, much of wha the medical communit *and* federal regulators d will often be represented i simplistic and somewha misleading terms.

One illustration of th misuse of the media in th regard is the recall of ant coagulant drugs severa years ago. This FDA actio was given publicity by th press and television tha went far beyond its prob able importance. The resu was a very uncomfortabl situation for the practi tioner who had patient taking these medication Since the practitioner an pharmacist had not bee informed of the action b the time it was publicize in most states they wer deluged with calls fro worried patients.

The practitioner can at tempt to solve these prob lems of inadequate commu nication in several ways One would be the creatio of a communications lin in state pharmacy societies When drug regulation new is to be announced, the so ciety could immediatel distribute a message to ev ery pharmacist in the state The pharmacist, in turn could notify the physician in his local community s that he and the physicia could be prepared to an swer inquiries from pa tients. Another approac would be to use profes sional publications th practitioner receives.

All of this leads back t my opening contention: i drug regulation is to be ef fective, timely, and relate to the realities of clinica practice, a better method o communication and feed back must be developed be tween the nongovernmen tal medical and scientifi communities and the regu latory agency.

ue

Maker of Medicine



Henry W. Gadsden, Chairman & Chief Executive Officer, Merck & Co., Inc.

In my opinion, it is the responsibility of all physicians and medical scientists to take whatever steps they think are desirable in a law- and regulation-making process that can have far-reaching impact on the practice of medicine. Yet many events in the recent past indicate that this is not happening. For example, it is apparent from drug efficacy studies that the NAS/NRC panels gave little consideration to the evidence that could have been provided by practicing physicians.

There are several current developments that should increase the concern of practicing physicians about drug regulatory affairs. One is the proliferation of malpractice claims and litigation. Another is the effort by government to establish the relative efficacy of drugs. This implies that if a physician prescribes a drug other than the "established" drug of choice, he may be accused of practicing something less than first-class medicine. It would come perilously close to federal direction of how medicine should be practiced.

In order to minimize this kind of arbitrary federal action, a way must be found to give practitioners both voice and representation in government affairs. Government must be caused to recognize the essentiality of seeking their views. One of the difficulties today, however, is that there is no way for concerned practitioners to participate in the early stages of decision-making processes. They usually don't hear about regulations until a proposal appears in the Federal Register, if then. By that time a lot of concrete has been poured, and a lot of boots are in the concrete.

Physicians in private practice, and particularly clinicians, should press for representation on the advisory committees of the Food and Drug Administration, joining with academic and teaching hospital physicians and scientists who are already serving. Though practitioners may not have access to all available information, the value of their clinical experience should be recognized. Clinicians, for example, rightly remind us that difficulty in *proving* precise effects does not necessarily mean a drug is ineffective.

Unless practitioners are more involved in drug regulations, it will be increasingly difficult for the pharmaceutical industry and scientists elsewhere to make optimal progress in drug development. The benefit/risk ratio must be re-emphasized, and as part of this it must be acknowledged that benefit can come from the judgments of medical science as a whole. Even this concept, unfortunately, is not always accepted in drug regulatory processes. For example, if current medical opinion holds that an excess of total lipids and cholesterol in the blood is probably predisposing to atherosclerosis, and if a drug is discovered which reduces total lipids and cholesterol, the drug ought to be accepted *prima facie* as a contribution to medical science . . . until someone disproves the theory. The sponsor should not have to prove the theory as well as to develop and test the drug.

I feel a major new effort must also be made to erase the feeling of mistrust of medicine and of medicines that seems to be growing in the public consciousness. Triggered primarily by strident announcements in Washington, people are reading and hearing confidence-shaking things almost continuously. Although challenge and awareness are essential to medical advancement, our long-term goal is constructively to build, not destroy. This means strengthening patient-physician relationships based on mutual confidence and trust. And in matters of health policy, it means working toward participatory rather than adversary proceedings—where everyone with an interest and a capacity to contribute has an opportunity to be heard . . . and, if that opportunity is not spontaneously afforded him, he may seek it.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

P·M·A

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

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EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 3266 N. Meridian St., Room 705, Indianapolis 46208. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

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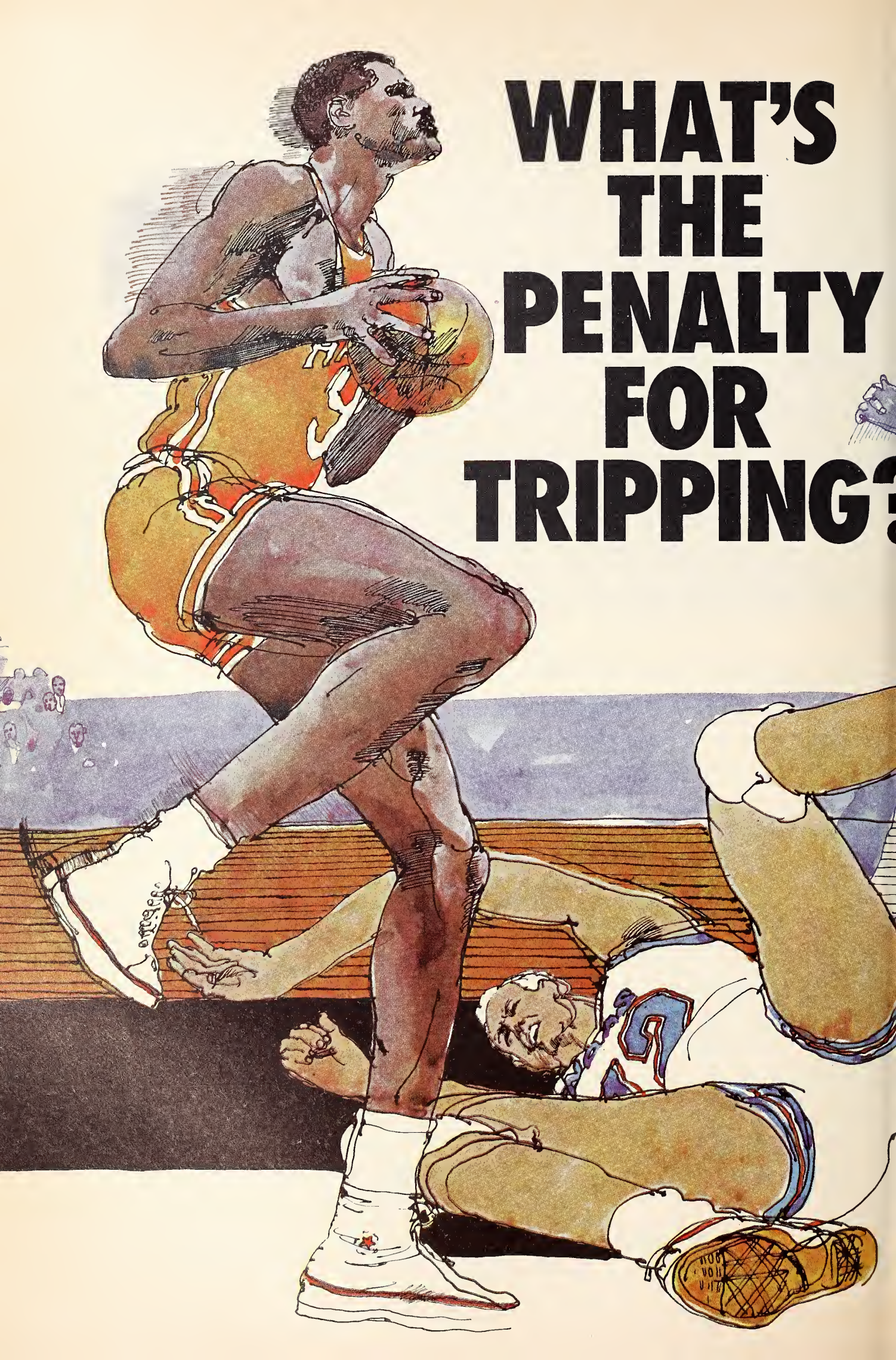
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Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.
Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.
(B)98-146-800-E

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
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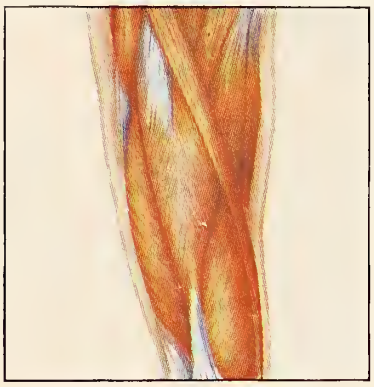
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WHAT'S
THE
PENALTY
FOR
TRIPPING?



A personal foul against the tripper, and possibly weeks of painful skeletal muscle spasm for the victim.

For the skeletal muscle spasm of leg strains, Valium® (diazepam) can be a valuable adjunct. A dose of 2-10 mg, three or four times a day, goes to work to help break up the cycle of spasm/pain/spasm. The resultant relief of skeletal muscle spasm may permit greater mobilization of the affected muscles and may help the patient resume usual activities sooner than otherwise possible.



Sudden trauma to and unusual stress on sartorius muscle may cause strain of muscle and tearing of some of the fibers. The resultant muscle spasm can make leg motion painful.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

VALIUM® (diazepam)

adjunct in skeletal muscle spasm

2-mg, 5-mg, 10-mg tablets

To get the water out in edema*

To lower blood pressure in hypertension*

To spare potassium in both

There's

Dyazide®

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Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome, late pregnancy; also steroid-induced and idiopathic edema, and edema resistant to other diuretic therapy. 'Dyazide' is also indicated in the treatment of mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—they can both cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

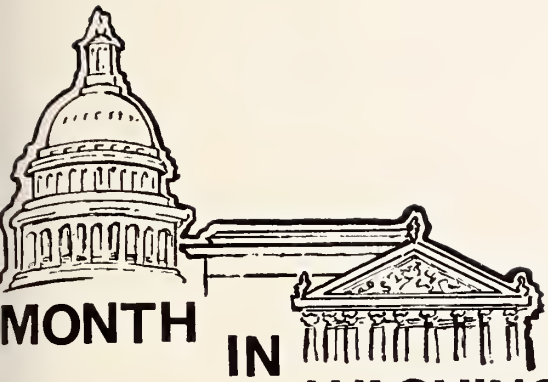
Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

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DZ-106



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the first of each month preceding month of issue.

THE SENATE FINANCE Committee has completed public hearings on the catch-all social security amendments bill (H.R.1) and is expected to approve legislation soon containing important peer review changes in Medicare and Medicaid and a national catastrophic protection plan.

AS APPROVED by the House last spring, the bill was much the same as the one that went through the previous congress only to be stalled when there wasn't time at the end of the session to reconcile differences in the House and Senate versions.

THE BILL before the committee would:

Authorize health maintenance organization (HMO) experiments.

Extend Medicare to disabled social security beneficiaries; authorize experiments with peer review mechanisms.

Restrict physicians' fee increases to a cost-of-living index.

Give the HEW Department stronger policing powers over abuses.

Authorize experiments with prospective payments to institutions.

THE COMMITTEE appears certain to add two major provisions. One would institute a sweeping catastrophic protection plan for all Americans administered by social security; the other is the professional standards review organization (PSRO) plan under which groups of physicians, including medical societies and foundations, would have first opportunity to set up monitoring programs for Medicare and Medicaid in their areas.

IN A STATEMENT filed with the Senate Finance Committee, the American Medical Association commented on a number of provisions of the proposed legislation. With respect to the catastrophic protection plan, the AMA advised against its adoption, saying: "We believe that catastrophic coverage, to achieve its purpose, must be tied in with adequate basic coverage in order to afford the best range of protection." The Association recommended in its place that the basic and catastrophic provisions of its own Medicredit proposal be adopted by the Committee.

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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3—Eli Goodman, Charlestown	Oct. 1973
4—Jack E. Shields, Brownstown	Oct. 1974
5—Wilbert McIntosh, Riley	Oct. 1972
6—Paul M. Inlow, Shelbyville	Oct. 1973
7—John O. Butler, Indianapolis	Oct. 1974
7—Dwight W. Schuster, Indianapolis	Oct. 1972
8—Richard Ingram, Montpelier	Oct. 1972
9—William M. Shalty, Lafayette	Oct. 1973
10—Vincent J. Santare, Munster	Oct. 1974
11—Lowell Hillis, Loganspart	Oct. 1972
12—William R. Clark, Fort Wayne	Oct. 1973
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Raymand Newnum, Evansville	1973
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—Haward C. Jackson, Madison	1973
5—Cleon M. Schauwecker, Greencastle	1973
6—	
7—Joseph F. Ferrara, Franklin	1972
7—Jaseph C. Kerlin, Danville	1972
8—R. D. Williams, Anderson	1973
9—Max N. Hoffman, Covington	1974
10—Thamas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1974
12—Walter D. Griest, Fart Wayne	1974
13—Donald S. Chamberlain, South Bend	1973

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Eugene F. Senseny Fort Wayne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

Terms expire December 31, 1973:

Delegates	Alternates
Jack E. Shields Brownstown	Patrick J. V. Carcaran Evansville
Lowell H. Steen Hammond	Thomas C. Tyrrell Hammond

1971-72 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Ray Burnikel, Evansville	William Dye, Oakland City	April 13, 1972, Evansville
2.	Robert Mases, Warthingtan	J. S. Brown, Carlisle	May 18, 1972, Lintan
3.	Daniel H. Cannon, New Albany	Charles X. McCalla, Paoli	April 5, 1972, Clarksville
4.	Robert O. Zink, Madison	Ott B. McAtee, Madison	May 17, 1972, Madison
5.	Burton E. Scherb, Terre Haute	James W. Cristee, Terre Haute	May 24, 1972, Terre Haute
6.	Mark E. Smith, New Castle	James H. Tower, Jr., Shelbyville	May 3, 1972, Shelbyville
7.	John M. Records, Franklin	Merrill M. Weseman, Franklin	June 14, 1972, Greenwoad
8.	Franklin K. Beeler, Anderson	Edward R. Bush, Anderson	June 7, 1972, Anderson
9.	Dan W. Boyer, Lebanan	Clarence G. Kern, Lebanon	June 28, 1972, Lebanon
10.	Lambro Dimitraff, Hammond	Donald C. Miller, Cedar Lake	May 31, 1972, Hebron
11.	John Elleman, Kokomo	Fred Poehler, La Fantaine	Sept. 20, 1972, Kokomo
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	September 14, 1972
13.	Frank McGue, Michigan City	David L. Spalding, Mishawaka	Sept. 13, 1972, Michigan City

THE ASSOCIATION supported provisions in H.R.1 authorizing the Secretary to conduct experiments in community-wide peer review programs. It pointed to the many peer review activities presently ongoing, noting that under the experimental authority various programs, including those with professional standards review organization (PSRO) features, could receive necessary broad-scale experimentation. It stressed the need for further research and experimentation, cautioning against the adoption of a single nationwide program.

"IF ENACTED", the AMA said, "PSRO would lock peer review into one single, untested, nationwide program, with unpredictable consequences. On the other hand, many valuable benefits can be gained through appropriate experimentation. H.R.1 (prior to the PSRO amendment) provides authority to the Secretary of HEW to conduct such experiments in community wide peer review programs, and we believe it would be wise to implement this authority before any single overriding plan is adopted."

WITH RESPECT TO THE Health Maintenance Organization (HMO) provision of the bill, the AMA statement noted that under separate legislation "an effort is underway to bring HMO's into existence without evidence of their economic justification or viability without continuing federal subsidy after being established." The AMA said that "before any such program is initiated nationwide and is held out as a realistic benefit available to beneficiaries under the Medicare program, it is our recommendation that cost and utilization data first be developed.

"BESIDES the consideration of whether the HMO provision will in fact result in cost savings to the program, there is the paramount consideration of the health care which will be provided to the beneficiary. We are not alone in expressing serious concern about a program which provides incentives to providers for lower utilization of benefits, and this aspect of the program—under-utilization—must be watched very closely so that the beneficiaries receive the best quality care. There are many additional questions to be resolved concerning the efficacy of this form of contract medicine. Moreover, it is important that the control and operation of the HMO be under the direction and supervision of physicians so that high quality care is provided. Operation of the health maintenance organizations under the direction of individuals or groups not competent in the health field should not be sanctioned."

THE AMA STATEMENT also:

Opposed the proposed Medicare limits of 75 percent on prevailing charge levels, stating "we know of no such direct statutory limitations on prices, wages or charges in other private sectors of the economy."

Opposed as "unjustifiably repetitive" a further study of inclusion of chiropractic benefits under Medicare.

Said needy disabled should be covered under Medicaid rather than included in toto under Medicare and thus changing the concept of Medicare as a program for those over age 65.

Opposed any federal restrictions on drugs physicians may pre-

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White	Gerald R. Bougher, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	Warren Niccum, Columbia City	V. P. Huffman, 201 N. State St., South Whitley 46787

scribe for patients covered under federal programs.
Urged the Committee to extend for five years maternal and child health programs of social security.

WORKING PAPERS ON HOSPITAL SURVEY SUBPOENAED

SEN. EDWARD KENNEDY (D., Mass.) has promised the California Medical Association his Senate Health Subcommittee would not make public information contained in the working papers involved in the CMA's medical staff survey of hospitals. The senator said the papers would be treated as confidential documents and examined only under special committee rules at closed sessions.

HOWEVER, KENNEDY refused to grant the CMA's request at a one-day public hearing to exempt working papers from the scope of a Subcommittee subpoena for the final CMA medical staff reports and working papers on 45 California hospitals, most of which had been disapproved by the investigators.

CMA PRESIDENT Jean Crum, M.D., told the Subcommittee "we believe that to subpoena work papers that include the personal impressions noted by the CMA surveyors, and sometimes the names of patients and physicians, could prove to be highly harmful to this important segment of the medical profession's comprehensive peer review activities."

THERE WAS NO DISPUTE over turning over to the Subcommittee the CMA's final reports.

KENNEDY SAID the information was needed to allow the Subcommittee "to adequately fulfill its responsibility in drafting health maintenance organization legislation in respect to the quality of medical care."

THE CONTROVERSY, however, poses a larger issue than the immediate case of California.

A PROVISION of the catch-all social security bill (H.R.1) before the Senate Finance Committee establishes peer review organizations nationally under Medicare and Medicaid. Thus, the confidentiality of working peer review papers may become a problem that congress will have to settle.

ALTHOUGH Kennedy's decision to examine the papers only in closed sessions was a significant concession, the CMA still was compelled to turn over all the information requested, including the working papers, to the Subcommittee.

ADMINISTRATION OPPOSED TO SEPARATE HEALTH DEPARTMENT

A CABINET-LEVEL department of health is slated to receive a serious push in congress this year, though time won't permit enactment.
Rep. Paul Rogers (D., Fla.) influential chairman of the House Health Subcommittee, plans to introduce legislation and hold hearings.

IMPETUS to the drive could come from the Democratic Party's National Convention where a party plank provision may endorse the health department idea.

HOWEVER, THE Administration opposes the plan. President Nixon's moribund cabinet reorganization plan moves in the opposite direction, calling for the Health, Education, and Welfare Department

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to be changed to a "Department of Human Resources" with added welfare programs from Labor and Agriculture Departments lumped in.

THERE IS NO QUESTION, however, from the standpoint of size and importance that health ranks a cabinet spot. Federal outlays for health next fiscal year are put at $25.5 billion, 10.3 percent of all federal expenditures. However, Administration supporters argue it makes sense to contain within one umbrella most programs involving health and welfare as they are intimately connected and need single supervision. Education isn't quite so related, but there hasn't been much pressure to separate this function which ranks third in spending at HEW (about $6 billion) and fits in as well at HEW as anywhere else.

BACKERS of a health department contend that health gets short-changed because it doesn't have cabinet clout. Rogers argues that health is an administrative mishmash and that as a result the White House Office of Management and Budget is the real maker of health policy. "The federal health establishment is entitled to have a full-time secretary of health who can be heard in the White House over the guillotine of the Office of Management and Budget," Rogers declared in a speech last fall.

NIMH DIRECTOR CRITICIZES HARSH MARIHUANA PENALTIES

THE LEGALIZED use of marihuana would appear a long way off despite reports showing growing support for "decriminalization." Only continued increase of marihuana smoking over a number of years and a new generation of lawmakers could bring about climate for legalization, congressional experts predict. However, scaling penalities further down, especially for use, is a real possibility. The National Commission on Marihuana and Drug Abuse is reported ready to recommend dropping all criminal sanctions against private use, but this falls short of legalization. Sellers and importers would continue to be subject to criminal action.

THE NATIONAL INSTITUTE of Mental Health yearly report to congress on health aspects of marihuana found relatively little evidence of serious ill-effects with acute reactions apparently rare. Current information does not justify making marihuana legal, according to NIMH Director Bertram Brown, M.D., who nevertheless criticizes harsh penalties. Preliminary survey findings that chronic users of the drug in Greece and Jamaica appear to be healthy surprised the researchers. However, its effect on emotionally unstable teen-agers can be a serious retarding development, causing breakdowns.

ALCOHOLISM ELEVATED TO PRIMARY TARGET

THE GOVERNMENT has elevated alcoholism as a priority target with submission to congress of the first special report on alcohol and health. The report contains current information on the health consequences of using alcoholic beverages. No recommendations for legislative action are being submitted at present.

A $200,000 radio-tv ad campaign has been started by the HEW Department to call the public's attention to warning signs of alcoholism and to discourage drinking to excess. Although the first efforts will be made in the public education field, the government's prime emphasis remains on rehabilitation and treatment.

THE 120-page report summarized current scientific knowledge on the health consequences of using alcoholic beverages and represents the first part of a three-year comprehensive study being undertaken by the National Institute of Alcohol Abuse and Alcoholism to help the nation combat alcohol-related problems.

IN THE initial fact-finding phase, NIAAA established a consultant task force to gather and develop information, analyze existing literature and to identify those human health problems that are correlated with the use and abuse of alcohol.

SUBSEQUENT phases will design and test methodologies for assessing precisely and completely the ways alcohol affects selected areas of well-being, as well as identifying the most feasible methods for mounting effective prevention and treatment programs in the field of alcohol abuse and alcoholism.

THE REPORT SAID that alcohol is the most abused drug in the U.S., estimating that there are now 9 million alcoholics or problem drinkers in America—almost 10% of the work force.

COALITION SAYS HEALTH BUDGET $2.7 BILLION SHORT

THE COALITION for Health Funding has stepped up its attack on the Administration's health budget, charging it falls $2.7 billion short of "expansion of health services essential to solving the health crisis which the President himself warned about."

OFFICIALS of the Coalition, composed of 21 health organizations and interested lawmakers, have centered their attacks on the Administration's Office of Management and Budget and the congressional appropriating committees that often don't allot as much money as has been authorized. ◄

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hyoscyamine sulfate	0.1037 mg.	0.1037 mg.	0.3111 mg.
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hyoscine hydrobromide	0.0065 mg.	0.0065 mg.	0.0195 mg.
phenobarbital (warning: may be habit forming)	(¼ gr.) 16.2 mg.	(½ gr.) 32.4 mg.	(¾ gr.) 48.6 mg.

Brief summary. Side effects: Blurring of vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur on higher dosage levels, rarely on usual dosage. Administer with caution to patients with incipient glaucoma or urinary bladder neck obstruction as in prostatic hypertrophy. Contraindicated in patients with acute glaucoma, advanced renal or hepatic disease or hypersensitivity to any of the ingredients.

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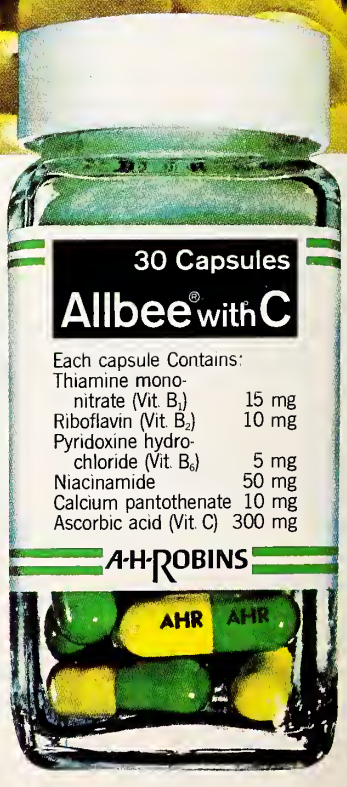


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As a source of ascorbic acid, the lemon really hits a high C (50 mg.). But your patient would still have to eat 180 lemons every month—6 a day—to get a therapeutic dose. And as the calypso singer puts it, "one hundred eighty lemons is impossible to eat." Fortunately, a bottle of 30 Allbee with C capsules (taken one capsule daily) supplies as much Vitamin C as all those lemons, plus full therapeutic amounts of the B-complex vitamins. For example, as much B_6 as two pounds of corn. Allbee with C is no lemon! This handy bottle of 30 capsules gives your patient a month's supply at a very reasonable cost. Also the economy size of 100. Available at pharmacies on your prescription or recommendation.

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a new outlook in chronic pain

of moderate to severe intensity

Though Talwin® can be compared to codeine in analgesic efficacy, it is not a narcotic. So patients receiving Talwin for prolonged periods face fewer of the consequences you've come to expect with narcotic analgesics. And that, in the long run, can mean a better outlook for your chronic-pain patient.

Talwin Tablets are:

- **Comparable to codeine in analgesic efficacy:** one 50 mg. Talwin Tablet appears equivalent in analgesic effect to 60 mg. (1 gr.) of codeine. Onset of significant analgesia usually occurs within 15 to 30 minutes. Analgesia is usually maintained for 3 hours or longer.
- **Tolerance not a problem:** tolerance to the analgesic effect of Talwin Tablets has not been reported, and no significant changes in clinical laboratory parameters attributable to the drug have been reported.
- **Dependence rarely a problem:** during three years of wide clinical use, only a few cases of dependence have been reported. In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.
- **Not subject to narcotic controls:** convenient to prescribe – day or night – even by phone.
- **Generally well tolerated by most patients:** infrequently cause decrease in blood pressure or tachycardia; rarely cause respiratory depression or urinary retention; seldom cause diarrhea or constipation. If dizziness, lightheadedness, nausea or vomiting are encountered, these effects tend to be self-limiting and to decrease after the first few doses. (See last page of this advertisement for a complete discussion of adverse reactions and a brief discussion of other Prescribing Information.)

50 mg. Tablets

Talwin®

brand of

pentazocine (as hydrochloride)

the long-range analgesic

a new outlook in chronic pain

of moderate to severe intensity



Contraindications: Talwin, brand of pentazocine (as hydrochloride), should not be administered to patients who are hypersensitive to it.

Warnings: *Head Injury and Increased Intracranial Pressure.* The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. Furthermore, Talwin can produce effects which may obscure the clinical course of patients with head injuries. In such patients, Talwin must be used with extreme caution and only if its use is deemed essential.

Usage in Pregnancy. Safe use of Talwin during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or embryotoxic effects. However, Talwin should be administered to pregnant patients (other than labor) only when, in the judgment of the physician, the potential benefits outweigh the possible hazards. Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used analgesics. Talwin should be used with caution in women delivering premature infants.

Drug Dependence. There have been instances of psychological and physical dependence on parenteral Talwin in patients with a history of drug abuse and, rarely, in patients without such a history. Abrupt discontinuance following the extended use of parenteral Talwin has resulted in withdrawal symptoms. There have been a few reports of dependence and of withdrawal symptoms with orally administered Talwin. Patients with a history of drug dependence should be under close supervision while receiving Talwin orally.

In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.

Acute CNS Manifestations. Patients receiving therapeutic doses of Talwin have experienced, in rare instances, hallucinations (usually visual), disorientation, and confusion which have cleared spontaneously within a period of hours. The mechanism of this reaction is not known. Such patients should be very closely observed and vital signs checked. If the drug is reinstituted it should be done with caution since the acute CNS manifestations may recur.

Usage in Children. Because clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Ambulatory Patients. Since sedation, dizziness, and occasional euphoria have been noted, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Precautions: *Certain Respiratory Conditions.* Although respiratory depression has rarely been reported after oral administration of Talwin, the drug should be administered with caution to patients with respiratory depression from any cause, severe bronchial asthma and other obstructive respiratory conditions, or cyanosis.

Impaired Renal or Hepatic Function. Decreased metabolism of the drug by the liver in extensive liver disease may predispose to accentuation of side effects. Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment.

Myocardial Infarction. As with all drugs, Talwin should be used with caution in patients with myocardial infarction who have nausea or vomiting.

Biliary Surgery. Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients about to undergo surgery of the biliary tract.

Patients Receiving Narcotics. Talwin is a mild narcotic antagonist. Some patients previously receiving narcotics have experienced mild withdrawal symptoms after receiving Talwin.

CNS Effect. Caution should be used when Talwin is administered to patients prone to seizures; seizures have occurred in a few such patients in association with the use of Talwin although no cause and effect relationship has been established.

Adverse Reactions: Reactions reported after oral administration of Talwin include *gastrointestinal:* nausea, vomiting; infrequently constipation; and rarely abdominal distress, anorexia, diarrhea. *CNS effects:* dizziness, lightheadedness, sedation, euphoria, headache; infrequently weakness, disturbed dreams, insomnia, syncope, visual blurring and focusing difficulty, hallucinations (see *Acute CNS Manifestations* under WARNINGS); and rarely tremor, irritability, excitement, tinnitus. *Autonomic:* sweating; infrequently flushing; and rarely chills. *Allergic:* infrequently rash; and rarely urticaria, edema of the face. *Cardiovascular:* infrequently decrease in blood pressure, tachycardia. *Other:* rarely respiratory depression, urinary retention.

Dosage and Administration: *Adults.* The usual initial adult dose is 1 tablet (50 mg.) every three or four hours. This may be increased to 2 tablets (100 mg.) when needed. Total daily dosage should not exceed 600 mg.

When antiinflammatory or antipyretic effects are desired in addition to analgesia, aspirin can be administered concomitantly with Talwin.

Children Under 12 Years of Age. Since clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Duration of Therapy. Patients with chronic pain who have received Talwin orally for prolonged periods have not experienced withdrawal symptoms even when administration was abruptly discontinued (see WARNINGS). No tolerance to the analgesic effect has been observed. Laboratory tests of blood and urine and of liver and kidney function have revealed no significant abnormalities after prolonged administration of Talwin.

Overdosage: *Manifestations.* Clinical experience with Talwin overdosage has been insufficient to define the signs of this condition.

Treatment. Oxygen, intravenous fluids, vasopressors, and other supportive measures should be employed as indicated. Assisted or controlled ventilation should also be considered. Although nalorphine and levallorphan are *not* effective antidotes for respiratory depression due to overdosage or unusual sensitivity to Talwin, parenteral naloxone (Narcan®, available through Endo Laboratories) is a specific and effective antagonist. If naloxone is not available, parenteral administration of the analeptic, methylphenidate (Ritalin®), may be of value if respiratory depression occurs.

Talwin is not subject to narcotic controls.

How Supplied: Tablets, peach color, scored. Each tablet contains Talwin (brand of pentazocine) as hydrochloride equivalent to 50 mg. base. Bottles of 100.

Winthrop Winthrop Laboratories, New York, N. Y. 10016 (1583)

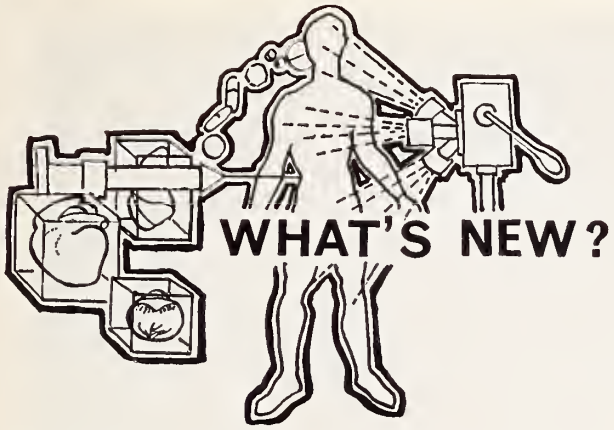
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the long-range analgesic



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* * *

Lederle has two new laboratory diagnostic control tests to more quickly identify both the presence and quantity of narcotics, amphetamines and barbiturates in suspected drug abusers. They are Lederle Urine Toxicology Control and Lederle Serum Toxicology Control. The process utilizes thin-layer chromatography and will present an accurate description of the drugs present in a specimen within two hours after the sample is taken.

* * *

Eaton Laboratories announce the availability of Vivonex[R]-100 HN High Nitrogen Diet. This is an additional preparation to Vivonex-100 Standard Diet which was introduced in 1971. Vivonex-100 HN requires only minimal digestion and is absorbed in the upper intestine. Both preparations are clear liquids and are ideal for tube feeding.

* * *

Labconco has a new educational device to promote safety in household electrical wiring. It consists of a cutaway model house which operates on a safe level of 12 volts and demonstrates grounding systems and the common electrical hazards. Since household current at 115 to 120 volts kills more people than any other voltage, the public should be instructed as to safety measures.

* * *

AMI Medical Equipment has a new automatic electronic blood pressure instrument called the AMI SPHYGTRONIC. A foot switch actuates the instrument so that it indicates the blood pressure readings on a dial. Afer the blood pressure cuff has been applied, no other manipulations are required except as provided by the foot switch.

* * *

A new book, "Incorporating the Professional Practice," was just published by Prentice-Hall. The author, George E. Ray, is an eminent attorney and an expert in the field. He represented the taxpayer in the famous Galt case which upheld the tax treatment as a corporation of a medical clinic organized as an association. 216 pages, $19.95.

* * *

Ames announces a new larger package of DIASTIX Reagent Strips which contain 100 test strips. The new package size is designed to meet the needs of individuals conducting a large volume of urine tests. The relatively new DIASTIX combine the convenience of the dip-and-read test with the accuracy of CLINITEST for determining urine glucose.

* * *

Cenco Medical Supply has a plastic ice container which fills easily with crushed ice and fits around milk mix or liquid diet containers. It is designed especially for bedside use. Useful for keeping the ulcer patient's milk mixture cold and palatable.

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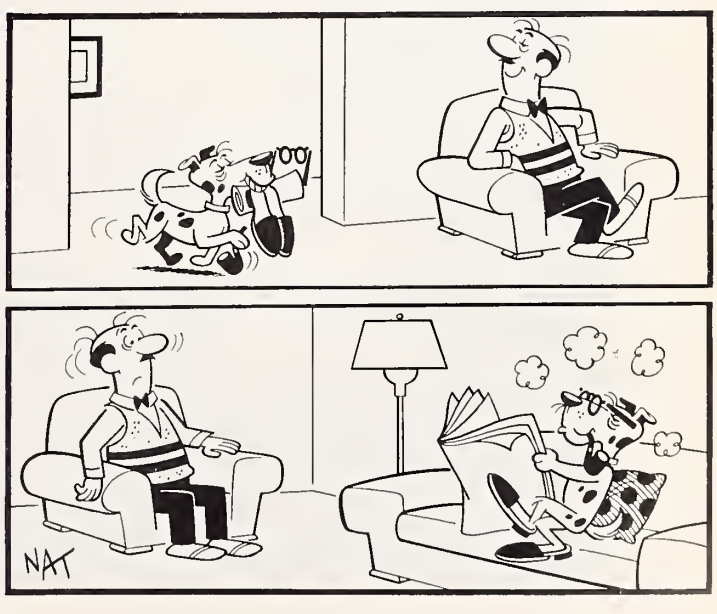
Opaque Systems announces a new instrument which enables legally blind persons (20/200 vision or less) to read ordinary books or other printed or graphic material. It operates by projecting a greatly enlarged, illuminated image of the graphic material on a built-in 9 x 14 screen. The screen material is polarized to reduce glare. The light source intensifies the amount of light reaching the retina. It operates in full color as well as black and white.

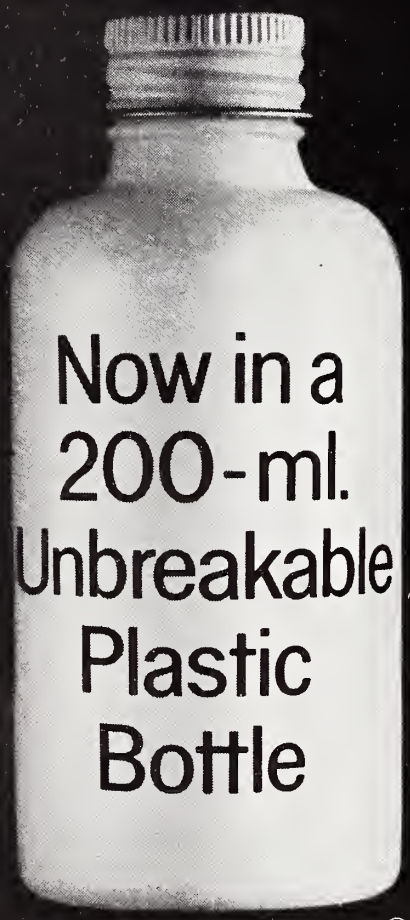
* * *

Medical Innovations has a device, called CARDIASSIST,[TM] designed to improve coronary circulation in cardiogenic shock, acute myocardial infarction, and angina pectoris. It operates by applying negative pressure to the lower extremities during systole and positive pressure during diastole. This can increase flow of blood in the coronary arteries by as much as 25%. It is reported that use of the device has improved the survival rate for cardiogenic shock from 15% to 45%.

* * *

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 65 — April 1972 — Number 4

Evaluation and Treatment of Hodgkin's Disease in the 70s

LAWRENCE H. EINHORN, M.D.*
Indianapolis

HODGKIN'S disease is a disorder of unknown etiology affecting lymphatic tissue. The hallmark of diagnosis remains lymph node biopsy demonstrating Reed-Sternberg cells. However, the proper clinical and histological setting must also be considered. Recent reports raise doubts as to whether the Reed-Sternberg cell is unequivocal evidence of the presence of Hodgkin's disease, as these cells have been found in other disease states.[14,15,16]

Pathology

The initial evaluation is the lymph node biopsy by which the diagnosis is usually made. There is definite prognostic significance in subdividing this into four distinct pathological types:[20]

1). lymphocytic predominant—best prognosis
2). nodular sclerosis—next best prognosis; mediastinal nodes present in 80% of cases
3). mixed cellularity
4). lymphocytic depletion—worst prognosis

Further prognostic significance can be obtained by the documentation of vascular invasion in the biopsy specimen[34] which can be seen in approximately 10% of biopsy specimens from patients with Hodgkin's disease when an elastica stain is employed.[35]

Staging

The staging of Hodgkin's disease is:[7]

Stage I — Disease limited to one lymph node or lymphoid region.

Stage II — Involvement of two or more lymphoid regions, but limited to one side of the diaphragm.

Stage III — Involvement of lymph nodes above and below the diaphragm, and/or Waldeyer's ring, and/or the spleen.

Stage IV — Involvement of extranodal sites such as the lung, liver, bone marrow, bone, skin, and/or other viscera. (However, solitary skin or bone involvement adjacent to involved lymphatic tissue in an otherwise Stage I or II patient is felt by many observers not to represent Stage IV disease and is best treated by extended-field radiotherapy.)

A — No systemic symptoms.

B — Unexplained fever, night sweats, or weight loss.†

Evaluation

It has become increasingly important with these newer methods of treatment that every patient with Hodgkin's disease be properly and thoroughly evaluated as to the extent of his disease for only then can a decision be made as to the proper form of treatment. This type of evaluation and treatment is best performed at a medical center with proper diagnostic and therapeutic facilities.

A complete history and physical examination is part of the evaluation of every patient with Hodgkin's disease. Careful attention is paid to the

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† At a recent meeting in Ann Arbor, it was decided to discard pruritus as a systemic symptom and to add weight loss of greater than 10% body weight.

presence of systemic symptoms (fever, night sweats, weight loss). A complete physical is done, concentrating on all lymph node-bearing areas, liver, spleen, and evaluation for any bone pain or tenderness. A complete blood count with platelets, sed rate, BUN, UA, liver function tests (alkaline phosphatase most important), serum protein electrophoresis,[29] serum copper,[30] PA and lateral chest (tomograms if indicated), liver and spleen scan, and bone marrow aspiration, or preferably bone marrow biopsy,[22] are done on each patient. Bone x-rays or gallium studies[31] are done if indicated. Each patient is skin-tested with PPD, histo and mumps to test for cutaneous anergy.[2] It has been our policy to prophylactically administer INH to all our Hodgkin patients treated with chemotherapy who have either a positive PPD skin test or cutaneous anergy.

Laparotomy and Splenectomy

A bipedal lymphangiogram is done on each patient who does not exhibit unequivocal stage III or IV disease. Lymphangiography was a big advance in increasing the accuracy of proper staging of Hodgkin's disease,[18] but it has definite limitations.[17] Although it remains useful in planning radiation ports and follow-up of abdominal lymph nodes, lymphangiography has limited value as a staging procedure because it may falsely suggest the presence or absence of abdominal disease. The results of several well-conducted independent studies[8,9,10] have recently been compiled,[19] and they clearly indicate our inability to determine the presence or absence of abdominal disease with the previously mentioned methods of staging. The results in 145 patients with Hodgkin's disease who underwent an exploratory laparotomy with splenectomy and open wedge biopsy of the liver revealed the following data:

1). *Negative lymphangiogram* — 9 out of 74 (12%) revealed abdominal disease at laparotomy.

2). *Positive lymphangiogram* — 15 out of 47 (32%) failed to reveal any evidence of Hodgkin's disease below the diaphragm.

3). *"Equivocal" lymphangiogram* — 18 out of 24 (75%) failed to reveal any evidence of Hodgkin's disease below the diaphragm.

4). *Clinically negative spleen* — 38 out of 137 (27%) had Hodgkin's disease in the spleen.

5). *Clinically positive spleen* — 17 out of 45 (38%) revealed no evidence of Hodgkin's disease in the spleen after careful histological sectioning.

6). *Clinically negative liver* — 4 out of 120 (3%) were positive for Hodgkin's disease after open wedge biopsy of liver.

7). *Clinically positive liver* (hepatomegaly, abnormal liver function test(s), or abnormal liver scan) — 29 out of 32 (90%) revealed no evidence of Hodgkin's disease after careful histological sectioning following open wedge biopsy of liver.

It is clear from the above data that accurate assessment of Hodgkin's disease in the abdomen cannot be made without exploratory laparotomy and splenectomy with open biopsy of the liver. The surgery is well-tolerated with minimal morbidity and no mortality in the above series.[36] Such a rigorous diagnostic evaluation is mandatory to properly stage all patients with Hodgkin's disease if we are to avoid erroneous staging of these patients with resultant inappropriate treatment. The "false negative" lymphangiogram might result in radiotherapy in a patient requiring combination chemotherapy; this results in a reduction in bone marrow reserve associated with failure to achieve drug-induced remission and limited survival time.[5] The "false positive" lymphangiogram might deny the patient an opportunity for a cure with extended-field radiotherapy.

Thus it can be seen that laparotomy is required to accurately assess extent of disease and prognosis (except in documented stage IV disease). The actual procedure includes biopsy of all suspicious nodes (grossly or via lymphangiography) with biopsy of para-aortic, porta hepatic, and splenic hilar nodes. An open wedge biopsy of the liver and splenectomy are also performed. There are several reasons for splenectomy.[11] There is no need to irradiate the spleen in III-A Hodgkin's following splenectomy, which reduces the hazard of radiation-induced renal or pulmonary disease. Also, early splenectomy eliminates the occurence of hypersplenism and possibly improves the ability of the patient to tolerate myelosuppressive chemotherapy.

Radiotherapy

The past decade has been characterized by an increasing application of extended-field radiotherapy with prophylactic inclusion of clinically uninvolved node-bearing areas,[1] "mantle-field" techniques to include cervical, axillary and mediastinal lymph nodes in continuity (3,000 to 4,500 rads delivered in 3 to 5 weeks), and total nodal radiotherapy which involves treatment of all major lymph node regions (cervical, axillary, mediastinal, para-aortic, pelvic, inguinal) and the spleen. The "mantle field" irradiates about 15% of the total bone marrow distribution, the para-aortic field another 15%, and the pelvic field about 35% for the average adult.[6] Thus total nodal radiotherapy encompasses irradiation of 65% of the total marrow pool.

Present results with radiotherapy clearly indicate the need for appropriate amount and distribution of irradiation. There can be no excuse for "limited" small dose radiotherapy.

The relapse-free five-year survival rates for the various stages are:

1). Stage I and II — 85-90%
2). Stage III-A (total nodal) — 70%
3). Stage III-B (total nodal) — 40%

Since at least 95% of all primary relapses occur during the first five years, relapse-free survival for the interval may be considered to be tantamount to a cure.

Chemotherapy

Dramatic advances in chemotherapy for the treatment of stage III and IV disease have likewise been impressive. Nitrogen mustard was the first chemotherapeutic agent to be used for this disease, and this was followed by orally-administered alkylating agents such as Cytoxan and Leukeran. Although significant amelioration of symptomatology with dissolution of involved lymphatic tissue was often produced by the use of these agents, greatly prolonged survival was not being achieved. However, during the 1960s, new agents for the treatment of Hodgkin's disease were discovered: alkaloid agents Velban[3] and Oncovin, high-dosage corticosteroid therapy,[27] Procarbazine,[4,21] and BCNU.[32]

However, it was not until the advent of combination chemotherapy that significant increase in complete remission and improvement in survival was realized. Combinations such as Velban and Leukeran[33] and Cytoxan, Oncovin, and Prednisone (COP) were highly effective, but the best results to date have been achieved with nitrogen mustard, Oncovin, Prednisone, and Procarbazine (MOPP).[24] The rational basis for combination chemotherapy includes biochemical, cellular kinetic, and pharmacological considerations. Combinations are employed with differing host toxicity as well as differing mechanisms of actions for the oncolytic agents. The four agents employed for MOPP all are effective individually against Hodgkin's disease,[4,25,26,27] and they have different toxicities and mechanisms of action (nitrogen mustard and Procarbazine are both myelosuppressive; therefore, the dosage of each is reduced).

The MOPP protocol is as follows:

Nitrogen mustard 6 mg/M² day 1 and 8 (i.v.)
Oncovin 1.4 mg/M² day 1 and 8 (i.v.)
Procarbazine 100 mg/M²/day p.o. days 1 through 14
Prednisone 40 mg/M²/day p.o. days 1 through 14 (cycles 1 & 4 only)

These courses are repeated every 28 days (2nd cycle starts day 29) for a total of six courses. The dosage is adjusted if WBC is less than 4000 and/or platelets are less than 100,000. The primary limiting toxicity is myelosuppression. Neurotoxicity, nausea, and vomiting are troublesome but reversible.

In most reported series using MOPP, the main patient populations have been previously untreated patients, and most of them have tolerated full and complete courses of MOPP quite well. However, it has been our experience that patients previously treated with intensive chemotherapy and/or radiotherapy were frequently unable to tolerate a full six cycles of MOPP due to significant previous myelosuppression, and the prognosis for complete remission was reduced, especially in those patients who had received previous chemotherapy and radiotherapy.[23]

The duration of unmaintained remission following single agent remission induction is short (median duration 10 weeks). With the present regimen of MOPP, 81% of patients with stage III or IV disease achieved a complete remission, and the duration of these responses after all therapy was discontinued (after 6 courses of MOPP) was approximately 3 years.[24] A predicted five-year survival for stage III and IV Hodgkin's disease of 50% has been forecast for this regimen.

Summary

Hodgkin's disease previously was thought to be inexorably fatal. However, proper understanding of the principles and applications of radiotherapy for limited Hodgkin's disease have shattered the old pessimistic concepts concerning the prognosis, and newer usage of combination chemotherapy for more disseminated disease has greatly increased the percentage of complete remission and the duration of the remission. Although a recent article demonstrated that long-term survival does not necessarily guarantee eradication of Hodgkin's disease,[12] the previously dismal outlook and approach to the patient with Hodgkin's disease is no longer warranted or justified. The word "cure" was carefully avoided in the past in discussions of Hodgkin's disease; instead, one used the term "long remission." However, rapidly accumulating data from a number of centers indicates that the word "cure" may definitely be used for stage I, II, and III-A disease treated with megavoltage extended-field radiotherapy,[13] and may cautiously be considered a possibility in III-B and IV disease treated with combination chemotherapy (MOPP). Certainly, a refusal to consider the possibility of cure is likely to lead to palliative treatment schedules with major attention to avoiding toxicity and discouraging more intensive therapy which offers the possibility of permanent eradication of Hodgkin's disease.

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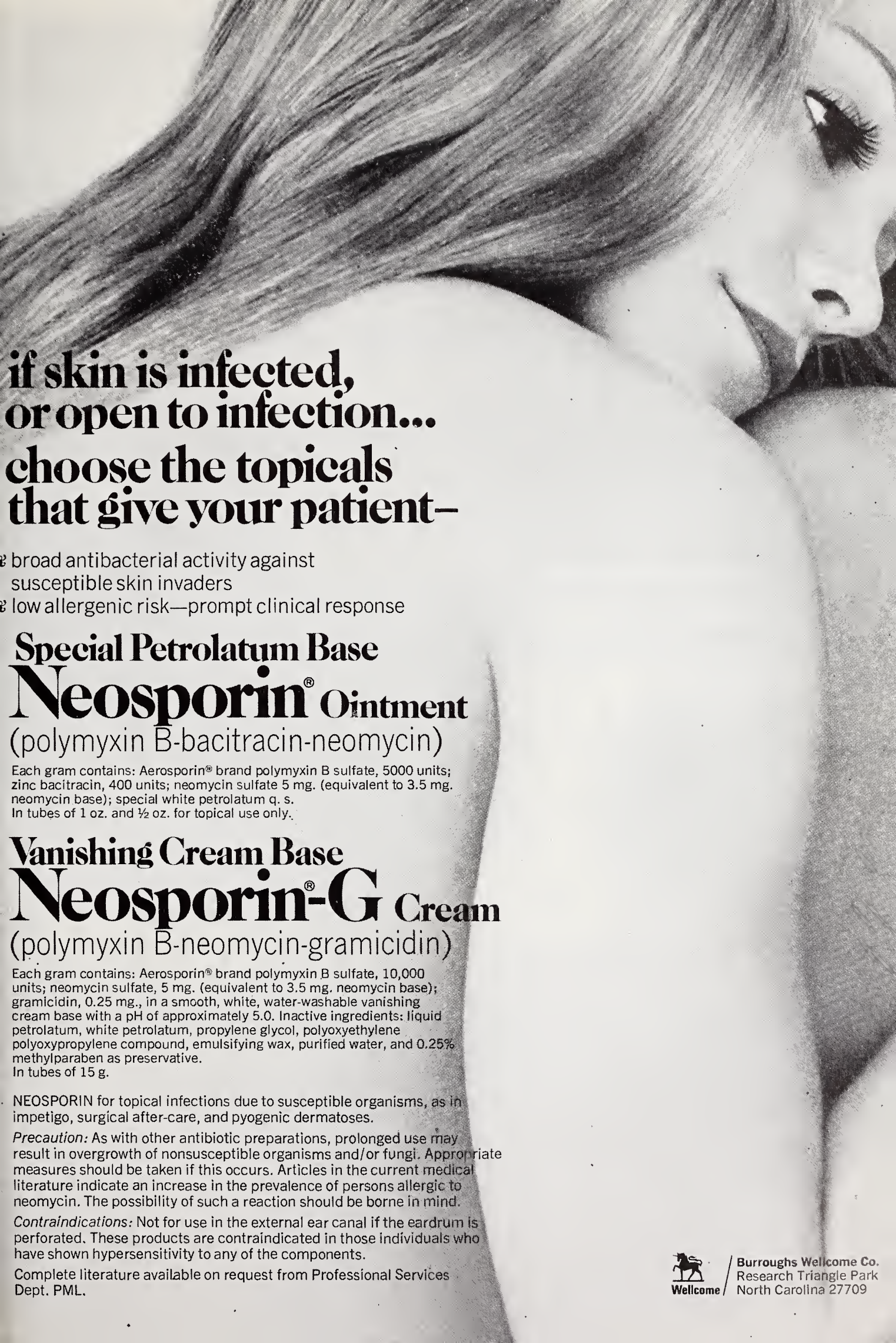
Postscript

We are interested in expanding our present series of patients with Hodgkin's disease and would appreciate referrals of either newly diagnosed patients or patients previously treated who exhibit active disease. ◄

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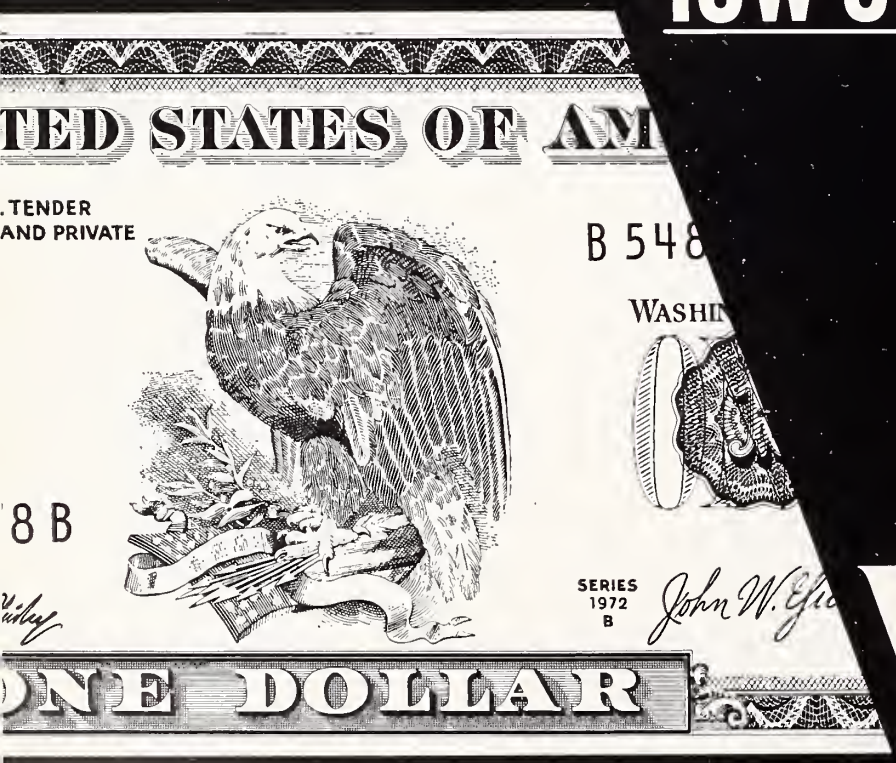
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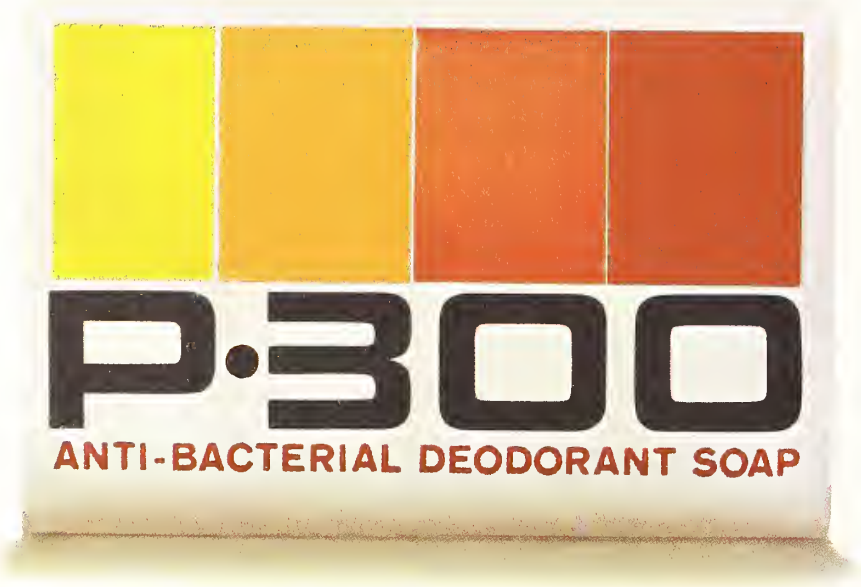
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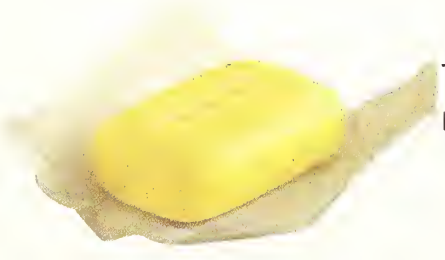
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Staphylococcus aureus	10390	●●●	●	●
Staphylococcus aureus	6342	●●●	●	●
Staphylococcus epidermidis	17917	●●●	●	●
Staphylococcus sp.	13565	●●●	●	●●
Mycobacterium smegmatis	19420	●●●	●●	●●
Listeria monocytogenes	13932	●●●	●●	●●●
Streptococcus pyogenes	7958	●	●	●
Streptococcus mitis	903	●	●	●
Streptococcus sp.	12403	●	●	●
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Neisseria gonorrhoeae	19424	●●	●	●
Neisseria menigitidis	13077	●●●	●	●
Proteus vulgaris	8427	●●●	●	○
Escherichia coli	10536	●	○	○
Escherichia coli	11229	●	○	○
Escherichia coli	11698	●	○	○
Klebsiella pneumoniae	12833	●	○	○
Salmonella typhi	9993	●	○	○
Salmonella typhi	6539	●	○	○
Salmonella typhimurium	13311	●	○	○
Herellea sp.	11959	●	○	○
Pseudomonas aeruginosa	10145	○	○	○
Pseudomonas aeruginosa	7700	○	○	○
Pseudomonas aeruginosa	9027	○	○	○
Pseudomonas aeruginosa	14210	○	○	○
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Preventive Therapy for Patients Wearing a Milwaukee Brace

GERALD Z. WRIGHT, D.D.S.*
London, Canada

IN the treatment of scoliosis, the application of the Milwaukee Brace involves the consideration of its detrimental effects upon the orofacial complex. Few articles in the medical literature deal specifically with these effects. Yet, it is important for the medical practitioner to be aware of these problems so that he can properly advise the patient's family.

The purpose of this paper is to review some of the adverse orofacial effects that may be created by wearing a Milwaukee Brace, and to stimulate an interprofessional relationship which will lead to improved total patient care.

At James Whitcomb Riley Hospital it is common practice for scoliosis patients to be examined and treated by the orthopedic and dental departments simultaneously. At the time when external fixation commences, a dental appliance is frequently constructed for the patient and inserted. This approach for treating the "whole child" is similar to the team approach adopted in most centers for treatment of the cleft palate child.

The Milwaukee Brace, designed by Blount and Schmidt, consists of a pelvic girdle, vertical bars and a head support. The head support has two parts, an occipital rest and an inframandibular rest.[1,2] When the brace is worn, the head support exerts pressure along the lower border of the mandible,[3] and intermittent forces of up to four pounds between the mandible and brace have been measured. (Figure 1) Since prolonged application of abnormal external pressures can alter the form of developing bone,[4] it is not surprising that a directional growth change in the lower face of the child has been demonstrated during this type of scoliosis treatment.[1,7,9] Oriented cephalometric radiographs have provided a method of following



FIGURE 1
THE chin is positioned on the inframandibular rest when the patient wears the Milwaukee Brace.

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FIGURE 2

ORIENTED cephalometric radiograph of patient wearing a Milwaukee Brace.

bone alterations. (Figure 2) These alterations can be compared with the normally developing face which grows downward, forward and outward. (Figure 3 and Figure 4)

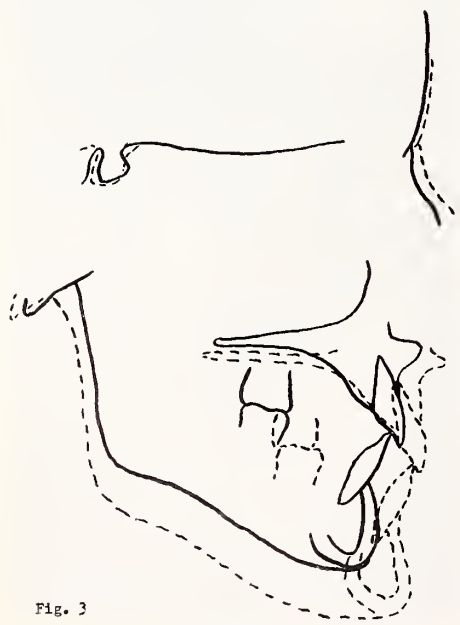


FIGURE 3

EIGHT years to 13 years. Cephalometric radiograph tracings superimposed to demonstrate normal growth direction.

In addition to the directional change in growth, specific skeletal alterations have been noted. The body of the mandible becomes thinner and the mandibular form is altered. The angle of the mandible (gonial angle) becomes more acute and the gonial notches deepen and become more extreme. The inferior border of the mandible flattens and the symphysis appears to assume a lower position.[4] The dorsal surface of the ramus displays a greater apposition of bone than in the normally developing child. Inhibition of growth in the condylar region also has been reported.[9]

These pressures on the mandible are transmitted to the maxilla. As forces are exerted on the maxillary dentition and alveolar bone, the palatal vault appears decreased in vertical dimension.[4,5] The maxillary antrum is similarly affected.

The soft tissue changes likely to result from the deviations in bone are the most striking and would probably be the first changes noted by the medical practitioner. The nose appears closer to the chin and a redundancy in lip length is evident. A decreased total facial height is frequently observed after the Milwaukee Brace has been worn,[1,6,7] and the facial profile appears similar to that of an edentulous patient. It has been reported that, due to overclosure of the jaws, the tongue is occasionally crowded between the two dental arches and may appear irritated.[6]

Dental changes also occur. The maxillary incisors flare anteriorly. In severe cases, the incisal edges of these teeth rise above the level of the anterior palatine foramen. Spacing between the maxillary anterior teeth accompanies this protrusion. The maxillary posterior teeth intrude and incline toward the cheek, creating an abnormal dental bite. In severe cases, the upper and lower posterior teeth may not contact at all.



FIGURE 4

ELEVEN years to 13 years. Cephalometric radiograph tracings superimposed to demonstrate change in growth direction when the Milwaukee Brace was worn for two years.

The mandibular incisors may incline lingually. A deep overbite frequently occurs, and in some cases the mandibular incisors traumatically occlude with the palate. The intermolar width increases in the mandibular dental arch and the posterior teeth assume a more buccal inclination. Changes in the alveolar bone are also apparent.[5,7]

After the Milwaukee Brace has been removed, there may be some spontaneous correction in the deformities. Occasionally the anterior teeth undergo some self-correction resulting in a slight improvement in the vertical dimension. Unfortunately, this reversal is slight and orthodontic treatment is required to restore the patient to a better occlusion and facial profile.[1,7]

The oro-facial alterations which may result from wearing a Milwaukee Brace can present complex orthodontic problems. The facial profile prior to scoliosis treatment is a prime concern. (Fig. 5) If the facial pattern is straight, then ideally this profile should be maintained. If the patient has a concave facial profile, the adverse effects may be more serious. On the other hand, when the patient has an abnormal facial convexity the changes brought about by scoliosis treatment might even be beneficial. Adequate dental records and a diagnosis of facial form prior to the wearing of a body brace are extremely important.

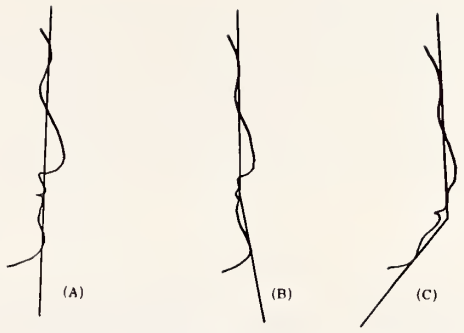


FIGURE 5

THREE basic types of facial profiles: (a) straight (b) concave (c) convex.

Current dental treatment generally consists of preventive retention concomitant with the wearing of body braces. A number of oral appliances have been designed to retain the teeth in their normal position while scoliosis therapy is in progress. These appliances aid in maintaining the original interdigitation of the teeth. Unfortunately, these preventive measures are not wholly successful and further orthodontic therapy is usually necessary. They do, however, reduce the severity of the problem and studies are being continued to obtain improved preventive measures.

Summary

1. The oro-facial deformities following the use of fixation appliances for scoliosis treatment have been described.
2. The importance of a coordinated professional treatment has been stressed.

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Erratum

The legends under Figures 1 and 2 illustrating the article by Drs. Bailey, Anderson and Greenspan in the February *Journal* (pp. 110-11) were transposed. The *Journal* apologizes for the error and regrets any inconvenience or embarrassment that may have been caused.

Camp Riley has been renamed to honor Dr. John H. Warvel, Sr. Sixteen years of progress is reported.

Indiana's Camp for Diabetic Children — A 16-Year Follow-Up

*SAMUEL M. WENTWORTH, M.D.**
ROBERT L. GREGORY, M.D.
Indianapolis

Purpose

IN the May 1956 edition of this *Journal* Drs. Sargeant, Symon and Hall presented a review of the establishment and medical management of the first session of the camp for diabetic children. This paper presents a follow-up after the camp has had sixteen sessions. Data presented focus on the years 1959 to 1970.

History

On June 26, 1955, the facilities of Camp James Whitcomb Riley in Bradford Woods near Martinsville were first used to house a camp for diabetic children. At that time the camp facilities consisted of a dining hall, craft shop, tent cabins and a health lodge. During the first session the camp attracted 26 children, of whom 12 were girls and 14 were boys. Then, as now, residents came to the camp from Methodist Hospital in Indianapolis to provide medical management for the children while they were at camp. The medical staff also included three registered nurses, a laboratory technician and a dietitian.

The over-all management and program of the camp was supervised by the camp director. In the sixteen years the camp has been in operation there have been four different camp directors. The current director is the first physician to fill this position. The remainder of the staff is selected from college age applicants who are not necessarily associated with the medical profession. Following the untimely death of Dr. John H. Warvel, Sr., three years ago, the session for diabetic children was named "Camp John Warvel" in memory of its founder.

Present

Camp John Warvel remains in the facilities of Camp Riley within the 2300 acres of Bradford Woods. The 1970 camp session had a total of 76 campers (45 girls and 31 boys) between the ages of 8 and 15 years. The facilities now include those previously mentioned with the addition of four winterized cabins, three gypsy wagons used for over-nights, and a 110-acre lake. The counseling staff now numbers 22, 12 of whom are diabetic. Originally the camp session was three weeks; however, it was shortened to two weeks three years ago. The reasons for this alteration will be discussed later.

Purpose and Observations

The camp was established to provide an outdoor experience otherwise unavailable to diabetic children. The dietary and medical requirements of diabetic children are prohibitive to attendance at most camps in this state. In addition to fulfilling these requirements, a diabetic camp serves another vital function in that it provides a facility where a relatively large number of diabetic children can be together in an informal setting. This helps to alleviate their ever-present feelings of uniqueness.

As has been noted in other camps,[6] the children benefit greatly from meeting other children with the same problems. Unfortunately, many children with diabetes have been exposed only to elderly persons suffering with complications of diabetes. Exposure to diabetics on the counseling and medical staffs provides evidence to the children that there are young adults with diabetes who are doing well.

The children coming to Camp Warvel fall into the three groups, as has been noted elsewhere.[6] These are characterized by: a. Energetic adherence to management by those children with recent onset of diabetes; b. Decrease in adherence as the

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novelty wanes; c. Denial or rejection of the disease by adolescents. It is felt that the camp can provide help to each of these groups. In the first group the children frequently need to learn more about self care, e.g., self injection. The second group is frequently assisted by programs to improve their understanding of the disease and to stress the importance of their part in their care. This group is seemingly most affected by peer pressure to take better care of themselves. Adolescents provide a group with unique, age-related problems. Their major concern is peer group acceptance. To these children camp provides a peer group in which diabetes does not make them unique. They also seem to benefit the most from the association with young adults who have adjusted well to being "A Diabetic."

Despite the great temptation to occupy the children with educational programs and psychological assists, the primary purpose of a diabetic camp must be enjoyable recreation.[5] The remaining more tempting portions may then fulfill a secondary but important portion of the camp's program. Great care must be taken to integrate the educational portions of the camp program in such a way that it does not seem to be "classroom" teaching to the campers. We have found that the children react to this very negatively for two reasons. First, this is the form diabetes education takes in most hospitals and, second, the children have just gotten out of school, which leaves most children in no mood for reminders of classrooms.

The camp has established individualized programs directed toward the new diabetics in the form of injection instruction and instructions in other aspects of daily diabetic care. Also, very informal discussions are held with small groups of children by the dietitian and physicians concerning various aspects of diabetes. Most of these sessions are a forum for the children to discuss their questions and problems with qualified personnel and each other. An effort has been and is being made to develop educational materials more related to the age groups. These are frequently used as a focus for the group discussions.

As previously mentioned, the camp is currently held for two weeks. Other diabetic camps vary in length from one[1] to four[4] weeks. Our own experience has shown that most of the younger children do not enjoy being away from home as long as three weeks. The medical staff has found that insulin and diet changes are necessary due to the increased activity at camp and that one week does not provide the time necessary for the "phase-in and phase-out" of this alteration. For these reasons a two week camping session was decided upon.

Medical Statistics and Management

Similar to the situation at Camp Nyda,[4] the children attending Camp Warvel come from divergent schools of diabetic management, social and economic backgrounds. Since 1959 the camp has served 320 different children with only 40.5% (129) from Marion County, in spite of the fact that the camp is sponsored by the Indianapolis Diabetes Association (see map). Of the 320 children 175 were girls and 145 were boys. These 320 children have a sum of 644 camper years or an average of 2.01 years per camper. Of interest is the fact that the average age of onset for the girls was between the ages of

HOMETOWNS OF CHILDREN ATTENDING CAMP WARVEL
1959 to 1970

Illinois--8
Kentucky--7
Ohio------3
Michigan--2
Virginia--2

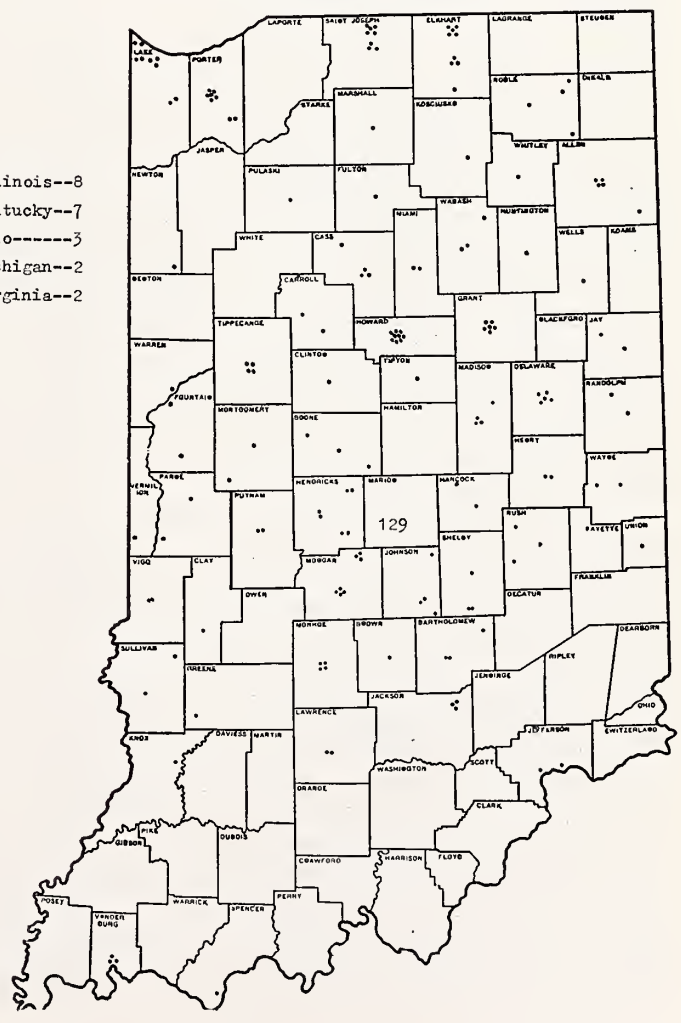
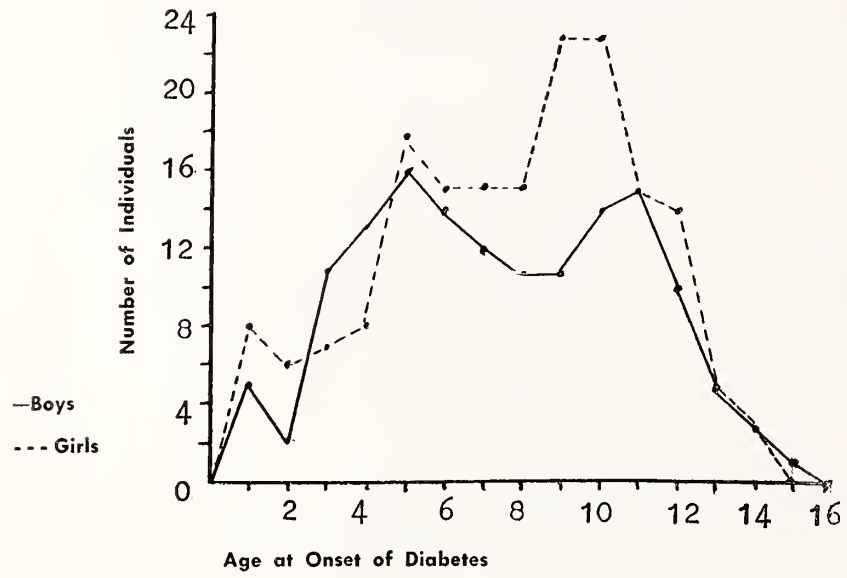


CHART 1

AGE of Onset for 320 Diabetic Children



9 and 10 while the boys have two peaks at ages 5 and 11 (Chart #1).

When the child arrives at camp, attempts are made to continue the same medical management he or she has been on at home. Although the change in activity may necessitate alterations in the number of calories in the diet or the number of units of insulin per day, the child is left on the same types of insulin and number of injections in most cases. In this respect, the types of insulin and the number of injections vary significantly (Chart #2).

A sampling of 244 of the medical records during camp shows that the children go home on an average dose of insulin of 0.96 units per kilogram per 24 hours. Almost all of the children require some alteration of their insulin dosage during their stay at camp. The most major alterations have occurred in those whose admission dose was the farthest away from 0.96 units per kilogram. This is not to imply, however, that this figure should be used as a therapeutic goal since the dose range remains fairly wide. Sixty-seven percent of the campers need an alteration of less than ten units in the total day's requirement. The largest change in dosage was a decrease of 123 units in one adolescent. The children are divided equally as to those needing increased dosage and those needing decreased dosage.

Dietary management at camp is done by the Exchange Method and is served family style. Prior to three years ago all diets were weighed in the kitchen; however, the time necessary for this type of measurement frequently meant that the food was cold. Through the efforts of the camp Dietitian, Marjorie Schoberg, a system was established permitting the measuring of the diets by the counselor at the table at the time the meal is being served. Physicians using a weighed diet consented to the use of the Exchange diet while the child was at camp. Thus far the system has worked extremely well.

CHART 2

INSULIN MANAGEMENT AT CAMP WARVEL

318 Children

	Insulin	*Number*	*Percent*
1.	Regular alone	0	0 %
2.	Lente alone	42	13 %
3.	N.P.H. alone	67	21 %
4.	Semi-Lente alone	3	0.9%
5.	Globulin alone	2	0.6%
6.	UltraLente alone	0	0 %
7.	P.Z.I. alone	2	0.6%
8.	Regular and Lente	32	10 %
9.	Regular and N.P.H.	60	19 %
10.	Regular and Ultra-Lente	9	2.8%
11.	Regular and P.Z.I.	79	24.8%
12.	Semi-Lente and Lente	18	5.7%
13.	Lente and Ultra-Lente	6	1.9%
14.	Oral agents and Insulin	6	1.9%
	Injection one time a day	158	49.9%
	Injection two times a day	157	49.2%
	Injection three times a day	3	0.9%

Types of Insulin Given in P.M. to Those on Multiple Injections

1.	Regular	73	47 %
2.	Lente	22	14 %
3.	N.P.H.	43	27 %
4.	Semi-Lente	1	0.6%
5.	Semi-Lente and Lente	4	2.6%
6.	Regular and N.P.H.	9	5 %
7.	Regular and Lente	3	2 %
8.	Regular and P.Z.I.	2	1.3%

There have also been an increasing number of children at camp managed at home on a "free diet." For the sake of convenience in managing the dining room and to decrease the chances that the dining room table might become a "battleground" for the diet-no diet war, these children are placed on a diet which is judged proper for the sex, height and weight of the child. After the situation has been explained to the child, liberal alterations of this diet are made so that the child gets as close to the same intake as he is used to at home. The caloric intake of the children varies widely depending on age, sex, weight, height and activity; however, the average intake is 57.9 calories per kilogram per day. The range of caloric requirements varied so greatly that our statistics serve to support the currently held concept that Pediatric diets are more closely age related than weight related.

While the children are at camp their control is monitored by urine tests four times a day done in the child's group area under the supervision of the counselors. In some camps[2] the medical staff visits each area to observe urine testing and to dispense insulin. This was felt to be too time consuming with the size of our camp. The children go to the infirmary to get their insulin.

Blood sugars are done on each child about every third day with an average of 110 being done each week. Insulin is calculated by the medical staff each morning. A member of the Indianapolis Diabetes Association Professional Society visits the camp each day to provide advisory assistance to the resident physicians if required.

The major medical problem at the camp is insulin reaction. Numerous reactions occur during camp with a majority of them occurring in the late afternoon. Most of these are minor, being treated with orange juice by the counselors. On rare occasions glucagon and/or I.V. glucose is needed. The occurrence of symptomatic hyperglycemia and ketoacidosis is low. Admission to the Infirmary for either hyper- or hypoglycemia averages four patient days per two-week session. In addition to the above supervision, the medical staff "rounds" on all of the children two times during the night.

Future

The demand for camp by diabetic children of this state has been increasing recently. Unfortunately Camp Warvel is quite limited in "bed space." Our best use of facilities and best camper-cabin counselor ratio (5 to 1) comes with a camper population of 60 children. It is our desire to increase the length of the camp to more sessions as soon as the facilities are available and enough children apply to fill additional sessions. The older campers have an increasing desire for more rugged activities and more independence from centralized care. We have started a wilderness camping program which has been well received by the older campers. This is not to the extent of some camps,[3] but it serves the purpose of increasing self reliance by placing the weight of diabetic care on the children themselves. Alterations of the educational and recreational programs are being made each year. It is hoped that the camp can provide a "proving ground" for educational programs which can be used by physicians in their local hospitals and practices.

Conclusions

This paper summarizes some of the data collected over the last sixteen years at Camp John H. Warvel. It concentrates on the medical experience of the camp during the last 12 years. Since the camp serves diabetic children of ages 8 to 16 only, some of the statistics may not represent the entire spectrum of the pediatric age group. The children come from many cities in the state and represent numerous philosophies of management. The information provided on insulin management actually represents the philosophies of referring physicians more than specific insulin type.

It is stressed in this paper that the camp can be beneficial to the child by providing education and psychological assistance. It is well known that there are major psychological aspects to any chronic disease and these are increased whenever the child has a daily reminder, no matter if that reminder be a brace or an injection. Camp John Warvel exists not only to provide a "fun camp" for diabetic children; but also it provides a type of group therapy situation. It is hoped that as the camp becomes better known throughout the state it will be able to provide services in areas of the state which previously had not been exposed to the program. The camp committee is currently attempting to establish plans which would permit expansion of the camp as need dictates. Any inquiries about the camp should be directed to the Indianapolis Diabetes Association, 810 Hume Mansur Building, Indianapolis 46204.

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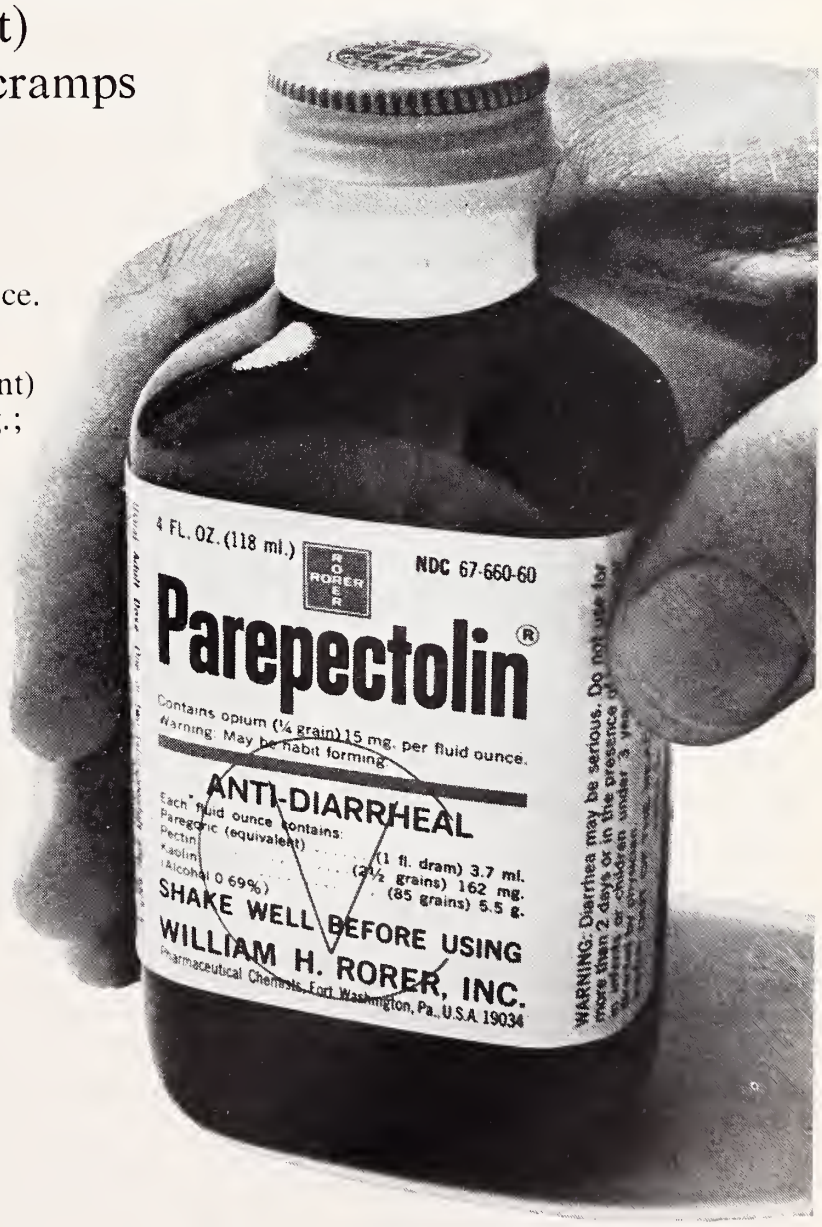
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Devoted to the interests of the medical profession of Indiana

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Who Is to Determine Medical Necessity?

A story in the public press tells of a Philadelphia physician who has been obligated by a small claims court to pay a $500 hospital bill because he admitted a patient to a hospital for treatment. After the patient was discharged the hospital ruled that the treatment should have been accomplished on an out-patient basis.

After the Hospital Association decided that the admission was for diagnostic purposes only, payment by the Blue Cross was limited to about $75 —the amount which Blue Cross would have paid if the care had been rendered outside the hospital.

The balance of the hospital bill was reduced to $500 in order to qualify for consideration in a small claims court.

When the patient refused to reimburse the hospital, the hospital reduced the bill and entered suit against the patient and the physician.

The small claims court found that the admission to hospital was for indications not covered by the Blue Cross contract. The court also found that the hospital care was for diagnostic purposes only, and directed that the balance of the hospital charges be paid by the physician.

The pertinent medical history was that the patient had been treated by the physician for a duodenal ulcer for approximately four months prior to hospital admission. During the four months the ulcer condition had not improved and, in fact, became considerably worse just before hospitalization.

As is true in many such cases, the patient's condition improved rapidly under hospital management and the ulcer was healed and the patient was non-symptomatic when dismissed two weeks later.

While it is true that not all peptic ulcers are treated by in-hospital management, there is no doubt that ulcer management is most effective when the patient is hospitalized. Many gastroenterologists consider hospital admission so essential for the treatment of duodenal ulcer that outpatient ambulatory treatment is not considered or permitted.

Certainly, in the above-mentioned case the efficacy of and the necessity for hospital care was amply demonstrated. Four months of outpatient care which was ineffective was followed by two weeks of hospital treatment which was most effective. It is difficult to see how any hospital or insurance official could have misjudged such a hospital admission even though that official knew nothing about medicine and the treatment of peptic ulcer.

The decision is preposterous and should be reversed immediately.

If the facts of the case as outlined above are proven to be accurate, the judgment should be challenged in higher courts of law until reversed.

If, by some inconceivable miscarriage of rationality and justice the judgment is upheld, then all medical care in this country should be transferred to the hands of hospital superintendents and insurance commissioners.

Doctor Shortages

THE editorialist of the West Virginia Medical Journal discussed recently the commonly observed lack of good medical care in urban slums. The point is made that the situation is not due to a dwindling of the supply of doctors since for a number of years doctors have been produced at a rate which is double the rate of population increase.

True, the number of doctors in the ghettos has decreased, and doctors who have remained have worked so hard under Medicare that they have

been accused of falsifying their accounts, although all those who have been investigated have been cleared of any charge of wrongdoing. It is now a part of the record that such physicians practice good medicine, charge fees which are equal to or below those of more prosperous areas, and are not guilty of fraud—and, in fact, are deserving of commendation for exceedingly good work in a difficult situation.

The editorial considers such false accusations as good and substantial reason why the slums are under-doctored. "It is not in the least surprising that doctors are refusing to live and work in indecent places under indecent conditions.

"Quite frankly, too many people in these areas are unfriendly, antagonistic, mistrustful and ungrateful. They display poor manners, make unreasonable demands and compound these with intimidating threats. The doctors in such areas are subject to thievery, burglary, muggings, vandalism and bodily injury. It can be correctly maintained that not all of the people in these areas fit this description and are generally law abiding. It is nevertheless true that lawlessness exists in these areas because the people there tolerate it, and the poor manners and brutish behavior are countenanced on the basis of their being somehow a meritorious display of highly justified minority group militancy. When the residents stop tolerating these conditions, when they start turning in the thieves and scoundrels, the situation will improve generally, including the medical situation."

The natural conclusion of the editorial writer is that West Virginia has a few doctor-short areas—rural and not urban—in which people live who are grateful, friendly and law abiding. The title of the editorial is "Come to West Virginia." It's a great editorial.

Certified Medical Representative

THE medical representatives for the pharmaceutical companies (sometimes called detailmen) have found a need for continuing education. Despite the fact that they enter the pharmaceutical world with a college degree or two and receive special training from the firm they represent, there is enough desire for additional instruction to justify the formation of a special institute for this purpose.

The Certified Medical Representatives Institute was formed in 1966 by several pharmaceutical manufacturers. Other firms have joined since then. Over 450 representatives have completed a rigid educational program at home while continuing their regular work, and have been awarded the designation "Certified Medical Representative." The examinations for certification are given at 52 different schools of medicine or pharmacy.

The training curriculum is composed of five prescribed course subjects, for each of which three course credits are earned. Fifteen course credits are also required by the study of various elective subjects. Most of the students take an average of six credits per semester. A student can complete the study courses in two and one-half years but some elect to spread the work over a longer period, up to five years. Examinations are given at the end of each semester. Standards are high enough to produce a 15% to 20% failure rate for individual courses. The tenacity of the student body is evidenced by the fact that the complete dropout rate is about three percent. Entrance into the system is voluntary and the morale is high.

Know Your Medicare Assignment Regulations

THE News Bulletin of the Oklahoma State Medical Association carries a reminder as to the import of the process of "assignment" in relation to Medicare cases.

The Bulletin quotes new Regulations recently issued by HEW as follows: "An assignment is an agreement between the physician and an enrollee. Under the terms of the assignment, the enrollee transfers to the physician his right to benefits based on covered services specified on the assigned claim; the physician in return agrees to accept the reasonable charge determined by the carrier as his full charge for the items or services."

There seem to have been instances in which physicians have taken assignment and then have collected or have attempted to collect additional amounts from the patient beyond the amount which the assignment covered.

The Regulations are also quoted: "In effect, the physician who accepts assignment is precluded from charging the enrollee more than the deductible and co-insurance based upon the reasonable charge determination. If he is dissatisfied with the amount of the reasonable charge, he may request review and a hearing, but he violates the assignment agreement if he collects (or attempts to collect) from the enrollee or anyone else any amount, which, when added to the benefit, is in excess of the reasonable charge. His bill for the service is paid in full when the reasonable charge is paid."

The Regulations further state: "If the enrollee has private insurance in addition to Medicare, the physician who has accepted assignment of SMI benefits, would be in violation of his assignment agreement if he bills or collects from the enrollee and/or the private insurer an amount which, when added to the Medicare benefit received, exceeded the reasonable charge."

Other interesting rules and examples are contained in the new Regulations. Physicians who are accustomed to taking assignments in Medicare cases should request a copy of the Regulations in full from the carrier.

Foundations Create Drug Abuse Council

FOUR of the large foundations have joined in establishing the Drug Abuse Council to act as an independent source of information, policy evaluation and research funding. The Carnegie Foundation, The Commonwealth Fund, the Ford Foundation and the Henry J. Kaiser Foundation have accomplished the organization and provided its initial funding. Between $10 million and $15 million will be available over the next five years.

Formation of the Council is a direct result of a 12-month study by a group of private consultants who found that the nation's efforts to cope with drug abuse is in a state of "incredible chaos."

The most important reason for confusion is the lack of leadership in gathering and evaluating information and focusing such knowledge to develop policies.

The Drug Abuse Council will attempt to provide that leadership.

Devise Your Own Moral

DR. Harry S. Weeks, Jr., President of the West Virginia State Medical Association, philosophized as follows in his President's Page recently for the enlightenment of all:

As part of my continuing research into the medical manpower situation in rural areas, I recently picked up a consumer (hitchhiker) on one of those lonely stretches of road where the bus no longer runs. I learned that he lived 30 miles from the nearest hospital and his family doctor was in the next county.

When I inquired as to his livelihood, he told me that he worked for the government. He currently was on Welfare, but was disturbed at their attempts to change his status. Previously, he had learned to sharpen saws and went to barber school under Rehab, but quit those programs prior to receiving a certificate, since this would render him ineligible for further training. When I countered with the thought that this was an unusual description of employment, he said, "If it weren't for people like me, the whole government would collapse."

About halfway to our destination, I was requested to stop and blow my car horn. From a small house on the hillside stepped a young woman, who waved. My acquaintance got out and said, "She sure knows a Ford horn when she hears one." Thanking me, he headed up the hill.

Now there are several morals to be derived from this story. Devise your own. It may be that the true genius of Henry Ford was the mechanical mating call, or it may be some thought relevant to economics or welfare. Whatever it is, I can only tell you that if you are struck with an impulse to pick up a hitchhiker—don't. That is, unless you want to change your outlook on life.

Guest Editorials

The Role of the Pharmacist

QUESTIONS about the pharmacist's role are among the most pressing questions facing pharmacy today. Society is questioning the entire health care system. Society is questioning both the quality of health care and the cost of health care. Within the health care system, it is questioning the drug component, the role of the pharmacist, and the cost of prescriptions.

This societal questioning of the health team, the increasing governmental interest in health care, and the maldistribution and shortage of health care professionals, provides an opportunity for development of new roles for pharmacists. New roles for pharmacists have been much discussed in pharmacy circles. To date, none of these new roles has yet fully developed. At least, a review of pending legislation and newly enacted legislation fails to reveal where any of these roles have been incorporated.

This does not mean that those who feel the pharmacist should stick solely to distributive functions can feel complacent. The drug component and the pharmacist's present distribution role are also virtually neglected in these health care schemes.

The challenge is for the pharmacist to evolve roles which meet a societal need. The opportunity to do this is not that of the pharmacist alone. Other health care professionals, subprofessionals and paraprofessionals are also seeking to create new roles and fill some of the functional voids that exist in our present health care system.

How then can pharmacists meet this opportunity and challenge?

Dr. Donald Brodie, Director, Drug-Related Studies, National Center for Health Services Research and Development, Department of HEW, has listed six criteria that new roles must meet.

1. Visibility
2. Effectiveness
3. Favorable Cost-Benefit Ratio
4. More effective performance (Preferred Person)
5. Acceptance
6. Commitment

These are criteria which should definitely be studied and considered before a new role is developed. We feel these criteria deserve further comment.

Visibility

At present, it is the prescription which has visibility. Patients do not know, or appreciate, the services pharmacists perform in connection with the prescription. They consider only that they receive a product. Pharmacists themselves have contributed to this situation by their pricing methods, by their talk of "counting and pouring," and by failure to understand or explain what services they perform.

Any new role must have visibility within the system. It does little good to maintain patient records if they are not used to contribute to patient

care by eliminating interactions, allergies or contra-indications. The patient and physician must be aware this service is performed. The service is needed, it contributes to health care, but it must be visible.

Effectiveness

Effectiveness means that the role must contribute to the patient's welfare. The pharmacist in developing new roles must identify a patient need and supply a solution to that need. What pharmacists think are functions they can effectively fulfill may, in fact, not be the patient needs which require solutions.

Neither is need synonymous with want. The patient wants less expensive medication, but he may need a more expensive preparation to cure his condition. Similarly, in all probability the patient needs, but does not necessarily want, better education or advice about how to properly use medication. Can the pharmacist effectively satisfy this need? Similarly, does the patient or physician need a pharmacist on patient rounds in the hospital? Does he perform effectively? Does he contribute to patient welfare?

Favorable Cost-Benefit Ratio

The pharmacist must not only contribute to patient care, he must do it at a cost society can afford. The public must pay for any functions the pharmacist assumes, therefore there must be sufficient benefit in terms of improved health care to make it worth the cost.

The pharmacist should remember that many functions he wants to perform are now being performed by others. For example, physicians do keep patient records, complete with drug histories; detailmen provide information to the physician; advertising and personal friends provide information to consumers on o-t-c drugs. Assuming the pharmacist could make a contribution in these areas, can he do it at a favorable price?

More Effective Performance

This is the key criterion. The pharmacist must demonstrate either that he can perform a given role more effectively than others, or that he is the preferred person to perform the role. Quoting Dr. Brodie, he stated, "People say, 'Can't the pharmacist give immunizations?' . . . 'Can't the pharmacist do this?' . . . That isn't the question. The answer to that is too obvious. But the question is, 'Can the pharmacist be demonstrated to be the preferred person to do it?'" There are lots of people desirous of performing these roles. The pharmacist will either have to do it better than others or, because of his knowledge and background of drugs, become the preferred person to do it. Logically, because of his position as a drug expert, the pharmacist becomes the preferred person to perform in roles related to the drug component of health care, and he becomes the one who can do the job better than others.

Acceptance

Any roles the pharmacist adopts will have to be accepted by patients and/or other health care professionals. To cite one example, it would be useless to claim a role as a drug consultant if patients or physicians refused to accept or seek your advice.

Commitment

Pharmacists must commit themselves to developing new roles. Pharmacy education must commit itself to the development of pharmacists who can perform these new roles. Too often we hear pharmacists say, "Well, I could consult with physicians, but they never ask me any questions." Or they will say that patients purchase ineffective proprietary medicines, and those same pharmacists have 20 feet of self-service shelving devoted to those products they say are ineffective. They haven't committed themselves. If pharmacists want to serve as drug consultants, they can seek opportunities to do so.

If there are visible roles that the pharmacist can effectively perform at a reasonable price; if he is the logical person to perform the function because of his drug expertise, then he must be willing to commit himself fully to that role—if that role is ever to become a reality.—***Action in Pharmacy*, Jan. 1972. Reprinted with permission.**

Tragic Misadventure with Hexachlorophene

THE Food and Drug Administration has been trying to wake up from what the Associated Press calls a "regulatory nightmare" on its hasty, precipitate ban on hexachlorophene bathing of the newborn. Specifically indicated in the FDA ruling was pHisoHex (Winthrop), a product about as well established in the health care field as shoes are in our clothing customs.

Save for the tragic consequences growing directly out of the restriction, the whole matter could be characterized as just another regulatory misadventure which, against the record of oral contraceptive scares, combination ingredients bans and, once, the labeling of a tennis shoe as a drug, should astonish absolutely nobody at all.

The entire point is simply this: When the preliminary and obviously inconclusive findings suggesting some degree of hazard in hexachlorophene bathing surfaced, the medical profession—or, more specifically, the American Academy of Pediatrics—acted promptly, decisively and effectively to recommend measures to protect the newborn. And what's more, physicians know that they can best rely on the advice of other physicians who weigh the risk-versus-benefit ratio as only physicians can.

The HCP ban was based upon three preliminary reports:

—Fifty newborn infants bathed with a three percent HCP product in the hospital nursery were said to

show blood levels of the agent of .009 to .646 mg/ml at discharge. But, incredibly, the same report stated that "no obvious toxic symptoms were noted in the newborns."

—Rats fed (yes, it said *fed*) hexachlorophene to achieve mean levels of 1.21 mg/ml showed brain changes.

—Newborn monkeys washed daily with a three per cent HCP product for 90 days showed mean plasma levels of 2.3 mg/ml and brain changes at autopsy. But now, it develops, the scientists conducting the investigation concede that the baby monkeys were not tethered during their baths, so just how much bathwater was ingested under such circumstances cannot be known.

The Journal reported in February that staph outbreaks were occurring in hospital nurseries where use of HCP had been discontinued. A few days after the Journal appeared, FDA held a news conference, making the tragic succession of events public. The agency crawfished a little, too, saying that physicians didn't really understand what it had said in its Dec. 6, 1971, bulletin. The other inference was that it didn't mean what it said.

There is a lesson here, albeit at the tragic expense of regulatory conclusion-jumping and the health of newborn infants. Physicians acted promptly to advise their colleagues of the tentative findings. And other physicians listened. So the FDA's action was at worst a monumental goof and, at best, a poorly managed action of the bureaucracy.

We are not talking about "what" but "how." And we maintain that these matters are best left in the competent, experienced hands of the medical profession whose sole concern is the preservation and improvement of the quality of life.—R. B. K., ***Mississippi State Medical Journal*, March 1972. Reprinted with permission.**

Back to Robin Hood — Retail

FOR generations there has been a professional tradition in Medicine to make allowances for the patient's economic circumstances when setting fees. Usually this has involved cutting down since the not-so-well-to-do have always far exceeded the affluent in number. Then, along with pie-in-the-sky promises about universal comprehensive and complete health coverage (especially governmental), the Robin Hood concept got a bad press. Everyone was to get usual and customary care for usual and customary fees, and there was to be no demeaning and charitable concession by the doctor. But, how has the idea really panned out?

What we have now is Robin Hoodism with a vengeance. But now the good act is not at the "retail" level with Robin Hood clearly identified as the doctor. Instead Robin Hoodism has gone wholesale, imposed by third parties, governmental and otherwise. Unfortunately, too, the charity of the doctor is lost in the shuffle. How does this come about? Take Medicare for example. Suppose a doctor's bill for professional services amounts to $100.00 but Medicare decrees it will only "allow" $80.00 for that service. If the doctor accepts "assignment" he will be paid 80% of $80.00 or $64.00 by Medicare (assuming the $50.00 deductible is no longer operative). He may then bill the patient for $16.00 only, not $36.00. Thus his $20.00 Robin Hood act of consideration for the patient is lost in a massive shuffle of Medicare edicts and forms.

The same impersonality results everytime a doctor accepts as full payment any insurance fee that is less than his normal charge for the service. His act of kindness and thoughtfulness is quite inapparent to the patient. Indeed, the patient sometimes gets the mistaken idea that the reduced fee (imposed by the third party) is a kindness of the government or insurance company—Robin Hoodism gone wholesale.

Fortunately this need not be so. When the doctor decides to be a Robin Hood (as he still often does, bad press notwithstanding) and accepts a reduced third party fee, he should make it clear to the patient where the kindness comes from. He should bill the patient the full amount, indicate the third party payment, reduce the balance by a clearly marked courtesy deduction, leaving the net to be paid by the patient. Thus, in the example given above he would bill for $100.00, indicate the $64.00 Medicare payment leaving a balance of $36.00. He could then indicate a courtesy deduction of $20.00 (and collect the balance of $16.00), or, if circumstances warrant, indicate a courtesy deduction of the full $36.00, leaving no balance to be paid.

The same procedure should be followed whenever the doctor accepts any third party payment that is less than his normal charge for the professional service. By doing so the doctor returns Robin Hood to his pristine retail state, untarnished by third party obfuscations and inadequacies.—**Alfred P. Ingegno, M.D., Editor, *Bulletin of the Medical Society of the County of Kings*, Jan. 1972, Reprinted with permission.**

Editorial Notes . . .

Two researchers in Detroit report the isolation of an enzyme, the absence of which from the brain may produce the symptoms of schizophrenia. The investigators feel that the enzyme may prevent the formation of a hallucinatory substance. Several years of animal work are necessary before human studies can begin.

Atromid-X (clofibrate) has been demonstrated by clinical research to lower serum levels of cholesterol, and to dramatically lower the incidence of nonfatal

myocardial infarction. It did not lower cholesterol in all patients but appeared to confer the same degree of protection from attacks whether the cholesterol level was lowered or not. Therapy did not alter the death rates in the treated and control groups of the study, but did decrease markedly the number of nonfatal thrombotic episodes.

Veterans Administration medical researchers have produced chronic inflammation in knee joints of laboratory animals by exposing them to the herpes simplex virus—the virus of common cold sores. The inflammatory reaction resembles that of rheumatoid arthritis. Although they have not been able to recover the virus from human rheumatoid arthritis, the finding is regarded as significant.

Purdue University Student Hospital conducts a Cold Clinic which is staffed by a Registered Nurse. It is open during regular clinic hours and may be visited without appointment. It is intended for those who have just begun to notice symptoms of a cold or flu. The nurse may examine patients and transmit a prescription or may request the assistance of one of the physicians. Over-the-counter medication is sometimes recommended. If the symptoms have not disappeared in three days the patients are asked to return to see the doctor. If symptoms are of more than a few days existence the patient always sees the doctor.

Usually the federal government gives the impression that it feels that medical care is too highly priced. However, Dr. Henry C. Huntley, director of the division of emergency health services of the Public Health Service, apparently thinks that it is too cheap. Dr. Huntley announces that $2.25 billion should be spent to upgrade ambulance operations and hospital emergency departments. He thinks the charge for service in emergency rooms should be at least $30, instead of $15 to $20. He also thinks that ambulance runs should cost at least $75. Oh yes, he also recommends that 10 million square feet more hospital space should be provided for emergency care. This cat spends money as though someone else was going to pay the bill.

Dr. Theodore Crovello, a Notre Dame biologist, has observed significant differences in the reproductive rate of different strains of Aedes aegypti mosquitoes. The "super producers" are usually found in cities where high reproductive rates are essential to survival. Crovello is working with others on a plan to develop mosquito strains with high reproductive rates and lethal genes that will pass sterility to the ensuing mosquito population. A computer model is being developed to determine the number of such "super producers" needed to eliminate any given mosquito population.

Hospital schools of nursing received the blessing and continued support of the American Hospital Association at its last annual meeting. The House of Delegates of the AHA resolved: That the American Hospital Association reassert its belief in and support of hospital schools of nursing as the continuing primary source of well-prepared clinical nurses to meet the nation's need.

Parke-Davis investigators have reported that oral contraceptive agents with 20, 40 and 60% less estrogen than present formulations have given adequate conception control. The trend, so far, has been to reduce the progestogen component, but reduction of the estrogen fraction will, in the opinion of Dr. Stephen Preston, probably reduce many of the side effects, and possibly also the thromboembolic effect.

ACTION IN PHARMACY in its February issue discusses the general subject of substitution of products when a particular trademarked product is ordered. A U. S. District Court recently enjoined such a practice when it involved a non-pharmaceutical product. "ACTION" comments on the obvious justice of the situation and remarks further: "Too many pharmacists, including pharmacy leaders, have indicated that the repeal of antisubstitution laws will legalize substitution. In our opinion, and we believe the law backs our position, this just isn't so. *The trademark laws, the common law of unfair competition and the laws of warranty still require the product ordered on the prescription to be the product delivered.* It would appear that the strengthening of these laws by the enactment of antisubstitution laws has blinded proponents of substitution to the fact that there never was any right to substitute."

A Veterans Administration-National Institutes of Health research team has discovered a new low-calorie natural sweetener which is up to 3000 times more intense by weight than sugar. It is named Monellin. It is derived from a wild red berry which grows in Africa. It is a protein and the only protein which tastes sweet. It was discovered as a part of the VA research in oral diseases. It will be useful in reducing tooth decay, as a sweetener in low sugar diets or as a food additive.

The Atomic Energy Commission's massive particle accelerator near Batavia, Ill., is functioning at the designed energy level of 200 billion electron volts, the highest energy ever achieved by a man-made machine. It is expected that the accelerator will eventually operate at energies of 400 to 500 BeV. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 18-22, 1972
Place San Francisco

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 16-20, 1972
Place Indianapolis

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

ASSOCIATION OF OPERATING ROOM TECHNICIANS, INDIANA CHAPTER
Indiana State Conference and Seminar
Date June 3-4, 1972
Place Indianapolis Hilton

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 11-13, 1972
Place Indianapolis Stouffer's Inn

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date April 20-22, 1972
Place Marriott Inn, Fort Wayne

INDIANA DENTAL ASSOCIATION
Date May 16-19
Place Indianapolis Hilton

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1972
Place Marriott Inn, Fort Wayne

BONE AND JOINT CLUB
Date April 12, 1972
Place Athenaeum Turners, Indianapolis

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 14-16, 1972
Place Indianapolis Hilton

INDIANA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Multidisciplinary Conference
Date May 10-11, 1972
Place Indianapolis Stouffer's Inn

INDIANA THORACIC SOCIETY
Date: May 9, 1972
Place: Atkinson Hotel, Indianapolis



CALORIES/ 1 Cup Prepared Soup*

Beef Broth	25	Vegetable	77
Consomme	33	Tomato	79
Chicken with Rice	49	Cream of Asparagus	80
Chicken Gumbo	55	Cream of Chicken	87
Chicken Noodle	62	Beef	99
Chicken Vegetable	68	Cream of Potato	105
Turkey Noodle	72	Cream of Mushroom	131
Vegetable Beef	75	Green Pea	131

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* From "Nutritive Composition of Campbell's Products" which gives values of important nutritive constituents of all Campbell's Products. For your copy, write to Campbell Soup Company, Dept. 536, Camden, New Jersey 08101.

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the 3 phases of Eve



All women are not equal in their endogenous hormonal output. And, while all oral contraceptives are fundamentally effective, they exhibit **differences in their activity levels and estrogen-progestogen ratios that affect different women differently**—in both short and long-term use. Some brands may be insufficient for the woman's needs or else may exceed them.

Searle offers a family of O.C. products that covers the range of women's needs to help you provide the right pill for the right woman at the right time.

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the Ovulen phase

Most women* with a **balanced hormone profile and normal menses** do best on a middle-of-the-road pill that is neither estrogen dominant nor strongly progestogen dominant.

(*Typical clues—normal body build and breasts, feminine appearance, healthy skin and hair. Vaginal cytology slide—balanced "pink and blue.")

Some women having problems on other O.C.s might do well on Ovulen.

Ovulen has a distinctive hormonal balance that combines moderate estrogenic activity with a slight progestogen dominance. It has an excellent record of patient acceptance.

Ovulen®

Each white tablet contains: ethynodiol diacetate 1 mg./mestranol 0.1 mg.

SEARLE

For brief summary of prescribing information see following page.



the Demulen phase

Many women* who secrete **more estrogen** than most do well on a pill with lower estrogen activity and an increased progestogen overbalance.

(*Typical clues—shorter, plumper, full-breasted, with glowing skin and no wrinkles. Vaginal cytology slide "pink.")

Some women with special conditions that may be aggravated by higher estrogen-activity products may do better on this ratio.

Demulen combines minimal estrogenic activity with a moderate ratio of progestogen overbalance. It is particularly well suited to the young when low-dose (activity) is preferred. Demulen offers little risk of the most potent progestogen side effects; early breakthrough bleeding is often transient.

Demulen®

Each white tablet contains: ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg

Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.

Both Ovulen and Demulen are available in 21- and 28-pill schedules.

the Enovid-E phase

Some women* who secrete **less estrogen** than most do best on a pill with a moderate estrogen overbalance.

(*Typical clues—oily complexion, acne, hirsutism, masculinity, flat chest. Vaginal cytology slide—"blue.")

Patients with estrogen deficiency may show:

premenopausal syndrome
early-cycle bleeding
scanty menses
intermittent depression
increased appetite
steady weight gain
vaginal candidiasis

Enovid-E not only provides increased estrogenic activity with low progestogen activity, but also contains the only progestogen that is not antiestrogenic. Therefore it offers less risk of high-dose progestogen side effects.

Enovid-E®

Each tablet contains: norethynodrel 2.5 mg./mestranol 0.1 mg.

Oral contraceptives are complex medications and, after reference to the prescribing information, should be prescribed with discriminating care.

for the 3 phases of Eve:

a family of O.C. products

Ovulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./mestranol 0.1 mg.

Demulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.

Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen or Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen or Demulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen or Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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SEARLE Products of SEARLE & CO.
San Juan, Puerto Rico 00936

Enovid-E®

norethynodrel 2.5 mg./mestranol 0.1 mg.

Actions—Enovid-E acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Enovid-E depresses the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Indication—Enovid-E is indicated for oral contraception.

The *Special Note, Contraindications, Warnings, Precautions* and *Adverse Reactions* listed above for Ovulen and Demulen are applicable to Enovid-E and should be observed when prescribing Enovid-E.

SEARLE **Enovid-E®**
brand of norethynodrel with mestranol

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P.O. Box 5110, Chicago, Illinois 60680
Where "The Pill" Began

Indiana's Developing Comprehensive Alcoholism Program

D. BRUCE FALKEY*
Indianapolis

PUBLIC Law 91-616 opens the door for public recognition, acceptance and financing of services and programs geared to alcohol abuse and alcoholism.

The National Institute on Alcohol Abuse and Alcoholism established by this Act is now funded with $50 million. Governor Edgar Whitcomb, on the recommendation of Dr. William E. Murray, Commissioner of the Indiana Department of Mental Health, has informed HEW Secretary Richardson of Indiana's intent to qualify for the federal funds available under this Act.

The requirements to be met for a state to qualify are not at variance with Indiana's existing alcoholism program nor its future plans as carried out by the Division on Alcoholism of the Indiana Department of Mental Health. The Indiana General Assembly established an alcoholism program in 1953 and funded the program in 1955 by enacting a special tax of $30 on each retail outlet. The 1953 Act was amended in 1957. Under this Act, the Division on Alcoholism is charged "to encourage the development and improvement of services to alcoholics," to carry out a broadly based educational program on the "scientific facts of intemperate use of alcohol" and to utilize community resources to carry out the purposes of the Act.

The Federal Act supports the principle of delivering services at the local level and the development of a coordinated approach. It requires each state to submit a plan for a comprehensive and logical attack on all fronts regarding alcohol abuse.

In addition, Title II of Public Law 91-616 mandates that the Federal Civil Service develop and maintain a program for the identification, counseling and rehabilitation of problem drinkers within the Federal Civil Service. Another section of Title II requires the states to "foster" similar programs for their employees and those in local units of government as well as those in business and industry.

Here again Indiana is ahead of the national trend. Governor Whitcomb has updated and expanded Governor Branigin's memorandum of August 1966, requiring that employees with alcoholism be given the same consideration as state employees suffering from other illnesses. Also, several large industries have inaugurated company-controlled programs for employees with drinking problems. The Indiana Department of Mental Health has developed its own official guidelines for handling its employees with personal adjustment problems, including both alcohol and drug misuse. The Indiana Bell Telephone Company under the guidance of its medical director, Charles H. Rushmore, M.D., a member of the State Alcoholism Advisory Committee, has developed a formal policy and program for its employees with alcohol and other drug-related problems.

Perhaps the most significant feature of the Federal Alcoholism Act is the emphasis it gives to formula grant financing. This type of grant, as distinguished from project grants, allocates funds to States on the basis of population and need. No state or local matching is required. Indiana's share of formula grant money is estimated to be about $712,000 for each of the next three years. Project grants may be requested by any public or private agency and require that the applicant put up 40% of the total requests.

Participation of physicians in Indiana is essential to the success of the alcohol abuse and alcoholism program. Here again Indiana is in the vanguard. Many individual physicians and local hospitals are now identifying persons requiring hospitalization for detoxification. In addition, the Indiana State Medical Association, at its 1970 Annual Meeting supported services for persons with drinking problems. The Indiana State Board of Health reports that for the calendar year 1970 there were over 2700 admissions to community hospitals with either a primary or secondary diagnosis of alcoholism. This is nearly four times the number of admissions for this condition reported by the six adult mental hospitals in Indiana.

However, in respect to persons with alcohol abuse problems, in-

* Administrative Director, Division on Alcoholism, Indiana Department of Mental Health, 3000 W. Washington St., Indianapolis 46222.

dividual physicians and local hospitals now have an opportunity under the proposed State Plan for alcoholism to expand the range of their effectiveness at least two ways. First, doctors and hospitals must be involved with the developing comprehensive health and comprehensive mental health service treatment plans. These plans are intended to plug the gaps between detoxification and eventual rehabilitation. While alcoholism programming in Indiana is carried out under the guidelines for comprehensive mental health planning, this does not imply that the mental health professional delivers all the services required. For instance, it is generally accepted practice that detoxification as a medical procedure is best carried out in a general hospital under the direction of a general practitioner or internist. Similarly, vocational rehabilitation needs of the alcoholic can be provided best by the community, vocational rehabilitation services.

In like manner, private social agencies, such as Family Service, Catholic Charities, Lutheran Social Service and Jewish Social Service, have capabilities for helping persons with many of life's adjustment problems. The mental health clinics and mental health professionals, psychiatrists, psychologists and psychiatric social workers backstop the efforts of others with their own specialized services.

One of the current barriers to effective rehabilitation efforts is the absence of an awareness on the part of those offering help for the alcoholics in any one of the abovementioned settings about what others in different settings are doing or can do for the same alcoholic. Fortunately or unfortunately, the alcoholic, like persons with other illnesses, does not always enter the treatment system at the point of needing detoxification or other types of emergency care. Conditions of need may arise while the patient is under care in other settings. Since alcoholism is a developing and progressive condition, it requires that efforts of all health personnel delivering services to the alcoholic be coordinated. Physicians and hospitals play a key role in this delivery system. Contracts for specific services is one method utilized by comprehensive mental health planning to assure the needed continuity of services.

A second opportunity for physicians and hospitals to participate in alcohol abuse and alcoholism programs is offered through the project grant mechanism of Public Law 91-616. The nature of the project possibilities is indeed wide. The proposal must show how it fits and matches the area's plan for improving services for persons with alcohol abuse problems. One opportunity unique to physicians and hospitals in Indiana is to relate a proposal to the regional medical education centers now being developed by the Indiana University School of Medicine with the area's Comprehensive Mental Health Centers. If this is done, two basic objectives will be met. First, professional education regarding alcohol abuse and alcoholism will be enhanced, and, second, services to alcoholics will be improved.

While this report has discussed the new Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, it should be pointed out that there are other avenues for physician and hospital cooperation on this major health problem. It is likely that some physicians and hospitals in Indiana are already participating in the educational campaign of the American Hospital Association which is aimed at opening doors of hospitals to alcoholics. This campaign, announced in the Association's "News" of June 22, 1971, reports that the project is funded by the National Institute on Alcohol Abuse and Alcoholism for three years in the amount of $155,000 a year. Another program, funded by the Federal Department of Transportation and aimed at the drinking driver, requires a medical component of physician and hospital involvement. One such project is now underway in Marion County. The State Criminal Justice Planning Committee, which administers funds and approves programs under the 1968 Omnibus Crime and Safe Street Act, is a third source of funds and opportunities for physicians and hospitals. These proposals are directed toward handling the public-intoxication cases which take up approximately two-thirds of the time of courts and law officers and thus reduce the time available to attack crimes against persons and property. In this connection, it is important to note that the 1971 Indiana General Assembly enacted a law which gives options to the arresting officer in cases of public intoxication. Now, the officer, in addition to arresting, can take the person to a medical facility, an approved alcoholic rehabilitation service or to his own home.

In summary, Public Law 91-616 established the 1970 Alcohol Abuse and Alcoholism Rehabilitation and Treatment Act. It provides the opportunity for Indiana's health professionals and their respective organizations to continue the gradual involvement in and the development of needed alcoholism rehabilitation services, along with professional and community education on problems of alcohol abuse. ◄

Report on Board of Trustees Meeting of the Indiana State Medical Association

SUNDAY, MARCH 5, 1972

ALL MEDICAL SCHOOLS THROUGHOUT THE NATION COULD FILL CLASSES WITH 3.5 TO 4.0 GRADE AVERAGE STUDENTS, Dr. Glenn Irwin, dean of the Indiana University Medical School, told the Board. Of the 784 Indiana residents in I.U., 286 have a 3.3 to 4.0 academic record; 202 rank from 3.0 to 3.2 and 288 below the 3.0. This is on a 4. scale.

1700 APPLICANTS WANT TO ENTER I.U. IN 1972 the Dean said. Indiana residents applying have increased in number. Last year there were 672; this year 784. In addition there were 1000 out-of-state applicants.

IN SPITE OF MASSIVE INCREASE IN ENROLLMENT numerous students, obviously qualified, are being turned away from medical schools, the Dean reported.

MEDICAL SCHOOL FACULTY MEMBERSHIP IN ISMA to be studied by Doctors Gosman and Hillis. Objective will be to formulate recommendations which would encourage more faculty to become members.

DOCTORS JOSEPH D. McPIKE AND JOHN S. FARQUHAR, JR., praised by Dr. Offutt, state health commissioner, for their testimony on the ambulance bill during the recent legislature.

The bill, which would have upgraded standards for ambulances, their drivers and assistants on the ambulances, was defeated. It was defeated by the funeral directors, Dr. Offutt said.

DEPARTMENT OF PUBLIC WELFARE WILL NOT PAY FOR MORE THAN 1.5 HOURS OF NURSING CARE for a 24-hour patient in intermediate care facilities beginning April 1, Dr. Offutt reported. This does not affect those patients who require comprehensive care, Dr. Offutt stated, but it will have a big effect on the nursing homes with licenses to operate both a skilled and intermediate care nursing home.

A STATEWIDE FOUNDATION FOR MEDICAL CARE should be established "on paper" and in the not too distant future, Dr. Petrich reported, as a proposal of the ISMA's Future Planning Committee. The Commission on Medical Economics and Insurance is also currently studying the concept of Foundations.

MR. WAGGENER, EXECUTIVE SECRETARY ISMA, REQUESTED BY THE BOARD to begin search for new staff person to handle legislation and government public affairs for the Association.

PEOPLE IN DIFFICULTY WITH DRUGS NOT BEING RECOGNIZED BY PHYSICIANS is reason for new effort by Commission on Special Activities, Dr. Petrich reported.

It was felt by the Commission that, when the physician does see that someone is having a problem with drugs, he often is at a loss to know what to do for them. The Commission Subcommittee, chaired by Dr. Dwight Schuster, is now studying a physician education plan for ISMA members, which will assist them in dealing with the drug patient, Dr. Petrich reported.

MANY MINDS CHANGED ON THE USE OF HELICOPTERS AS AMBULANCES as a result of meeting of Commission on Emergency Medical Services and representatives from the military services, state police, Red Cross and other groups. Commission will meet next to go over voluminous transcript on meeting to decide course of action concerning helicopter usage in Indiana.

DEVELOPMENT OF A HEALTH MAINTENANCE ORGANIZATION IN INDIANAPOLIS to be reported to the Board by representatives of the Marion County Medical Society. According to Dr. James Gosman, president-elect, an executive secretary has been named and the plan is to organize four such HMOs in Indianapolis to provide medical care for some 80,000 residents.

ISMA MEDICAL CIVICS PROGRAM FOR I.U. MEDICAL STUDENTS reported to the Board by Dr. Donald E. Wood who organizes the program each year. Purpose of the annual program is to sensitize the student to outside activities related to the practice of medicine and not taught in the school.

This year's week-long program will feature such subjects as law and medicine, negligence and court room techniques, health care delivery and manpower, public health problems, pediatric nursing program, innovations in health systems organization, development of small clinics in rural areas, history and legal aspects of abortion and others. Outstanding speakers from throughout Indiana and the nation will make the presentations.

PROPOSED CONSOLIDATION OF BLUE CROSS AND BLUE SHIELD IN INDIANA reported to Board by Richard Kilborn, Blue Shield president. In the proposed agreement, Mr. Kilborn said, the Blue Shield president would become the corporate vice president of Blue Cross. "Consolidation," he said, "would involve only internal operations with the Board policies and Board function of Blue Shield remaining untouched." The consolidation is to be considered by the Blue Shield Board at its next meeting, March 16.

RESOLUTION READ TO BOARD ASKING THAT ISMA ASSURE LEGAL DEFENSE to all members "who come under criminal prosecution for violation of any of these (Federal) economic regulations." The resolution also asks that the ISMA prepare and distribute to its members regular bulletins with good legal opinion as to their possible interpretation and that the ISMA file objections to all economic regulations printed in the Federal Register which apply to physicians. The resolution will go to the House of Delegates for action. The Board was reminded that all such resolutions require attaching a fiscal note.

BOARD APPROVED INCREASED RATES FOR MEMBERS' BLUE SHIELD-BLUE CROSS PROFESSIONAL SECURITY PLAN. Effective April 1, 1972, the $250 deductible rate for a single will be $31.00; previous rate was $28.20. Family rate will be $71.10; previous rate was $63.75.

The $500 deductible will be $28.40 for single; previous rate was $25.83. Family rate will be $65.30 as compared to $59.37 previous rate.

The $750 deductible for a single is $25.70 as compared to previous rate of $23.36. Family rate will be $58.86; previous rate $53.50.

The $1000 deductible will be $22.78 for a single; previous rate $20.70. Family rate will be $51.78 as compared to former rate of $47.08.

PHYSICIANS EXPOSING THEMSELVES TO LAWSUITS FOR CIVIL ASSAULT AND BATTERY OR INVASION OF PRIVACY if they withdraw blood without the person's consent. Legal opinion reported to the Board and rendered by ISMA legal counsel says that since "Indiana has no statute which protects a physician who withdraws a sample of blood from a third person, even at the direction or order of a peace officer, without that person's consent is opening himself up to lawsuit possibilities."

The legal opinion points out that, even under the Implied Consent Law, withdrawal of blood under the act requires the consent of the suspect.

ACTION OF 1969 HOUSE OF DELEGATES ON ISMA MEDICAL REVIEW COMMITTEE discussed at length by the Board. Motion that was passed by the Board stated that the medical review committee of the ISMA function only at the request of the County Medical Society.

BOARD AUTHORIZED ISMA LEGAL COUNSEL TO RESEARCH USUAL AND CUSTOMARY FEE CONCEPT and how physicians can be protected from lawsuits arising from such concept. Specific reference was made to a physician who had charged the usual and customary fee for a period of time and then received a notice from the insurance company that the company would allow only so much and further that if the physician wanted to attempt to collect beyond this allowance, he would be subject to suit. Inquiry will also be made into the General Motors Corporation Contract and Resolution 26 as to its application to individual physicians. Resolution 26, passed in 1961, states that ". . . Blue Shield will pay the regular charges made by physicians in the areas in which the services are rendered." ◄

JOE DUKES, M.D.,
Chairman, Board of Trustees

He had a nice, normal childhood



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a Hit in head by baseball bat while playing catcher.

b Pushed hand through glass storm door chasing kid sister out of house.

c Broke arm showing off before golden-haired, 14-year-old Karen Fuller.

d Tried to kick football, missed, broke ankle kicking ground.

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ABSTRACTS, BOOK REVIEWS

THE CARE OF THE GERIATRIC PATIENT

Edited by E. V. Cowdry, Ph.D., and Franz U. Steinberg, M.D., C. V. Mosby Co., St. Louis, Fourth Edition, Sept. 1971; 441 pp; $21.00.

The fourth edition of this well known text on gerontology has a list of 53 contributors, many of whom are distinguished members of the medical profession and allied sciences. Thus the quality of coverage is high while the inherent problems of the symposium type of presentation are prevalent here.

The contents are divided into four large sections covering medical, surgical, nervous and mental care and, finally, the delivery of such services. There are interesting addenda on "spirtual aspects" and "geriatrics around the world." These last are small sketches of geriatrics in various countries including Japan and U.S.S.R. This reminded me of an advertisement for medieine in Russia. Polemics such as this are unfortunate in scientific literature.

I was reminded, while reading this book, of the early days of the medical specialty of pediatrics when the misconception that children were but "little adults" had to be overcome. So it is today, I believe, with geriatrics, that the problems of the senium (as old age is called in this book) are indeed distinct and require separate therapeutic considerations.

To convey an evaluation of this book it is necessary to give segmental critique, as it were. For instance, the introduction by the senior editor, Dr. Cowdry, seems superfluous when the entire book covers the subject of "the physician and the patient" so thoroughly. Dr. Paul Dudley White is erudite and medically sound, as I would expect, in his section on cardiovascular disorders, while Dr. Arnold Barger is of a similar calibre on gastrointestinal disorders. Some of these dissertations are unnecessarily elementary and would better befit a clerkship or internship level rather than the practicing physician. However, we all nced to refresh our minds at times and this book has an admirably comprehensive coverage of the whole topic of care of the aged person. The contributors become very positive about moot details such as the "best" suture material to close an abdomen, which, again, is more of the medical school approach to teaching.

I would single out the sections on nutrition, psychiatric therapy, the surgical subspecialities (especially ENT), and finally that on physical rehabilitation (by the other editor, Dr. Steinberg), as being especially informative and well written. The sociological chapters, inevitably, would improve with pruning and compression. Being garrulous is not a trait only of the aged.

Philosophieally, I was concerned with the attitude that Medicare and further socialization are unmixed blessings. Dr. David Littauer wrote the chapter on hospitalization and he favors these changes. He may be right but I would like a balanced posture in a general textbook.

I recommend the book to anyone who treats old people. It is worthwhile, although not easy, reading.

RODNEY A. MANNION, M.D.
LaPorte

GOOD SCIENTIFIC WRITING

Charles G. Roland, M.D., American Medical Association, Chicago, 1971; 254 pp., paperback, $2.50.

The title of this recent publication of the American Medical Association may mislead the unwary into the misconception that this is a "how to do it" text; whereas, it is primarily an "anthology" of examples of skillful and lucid scientific writing which provides potential authors with examples of the best in scientific writing which they may use as models of good scientific prose.

The anthology is compiled by Dr. Charles D. Roland, who is the Chairman of the Department of Biomedical Communications of the Mayo Clinic, and who writes a short preface and introductory essay in which he attempts to answer three questions which he points out are frequently asked by the aspiring scientific writer. The first of these questions is "What is good scientific writing?" the second, which he believes is more difficult but more important to answer, is "Does the goodness of scientific writing, or its badness, really matter?" and the third and final question which naturally follows is "How does one learn to write well?" These questions are the basis for Dr. Roland's introduction and the second part of the book consists of examples of "model writings" by a wide variety of authors and covering a wide range of scientific writing.

The various examples contained in the second part of the book are grouped in five sections.

Section A contains a number of characteristic "clinical reports"; Section B contains various scientific, "discussions and commentary"; Section C contains a number of "editorial remarks"; Section D contains samples of "the review"; and Section E contains a number of "narrative accounts."

Each of the examples in these various sections is followed by an editorial comment by Dr. Roland which points out the particular features which are believed to be best exemplified in each of the examples.

There is no index, but there is an "appendix" which contains a list of recommended reading and references which the reader will undoubtedly find useful.

No one can fail to find enjoyment and profit in reading this little book, which is an ideal "bedside companion."

LALL G. MONTGOMERY, M.D.
Muncie

MARGARET SANGER: AN AUTOBIOGRAPHY

Margaret Sanger, Dover Publications Inc., New York; 504 pp., $3.95.

Margaret Sanger's autobiography was first published in 1938 and has not been readily available since then until Dover's recent publication of their characteristically well designed and well constructed paperback edition.

This new edition is most timely in view of the great increase in the interest and activity in the ecological problems of population, and the world-wide efforts at population control. Many in this generation have forgotten the great pioneer who was the world's first crusader for birth control, and who fought an unrelenting battle throughout her career to bring the importance of birth control to the attention of society.

For a society still struggling toward the emancipation of women, this autobiography of Margaret Sanger is a very important historical record, and one which cannot help but fascinate members of the medical profession, as well as those who have no primary professional interest in matters of population control or the socio-economics of family planning.

This is a delightful and skillful telling of a story that will certainly appeal to the many community minded laymen who have

been attracted to the field of local and national ecology as related to population problem.

We are again in debt to Dover Publications for making available one of the landmarks in autobiographical literature in a handy and inexpensive edition.

LALL G. MONTGOMERY, M.D.
Muncie

THE USE OF LITHIUM IN PSYCHIATRY

Barry M. Maletzky, M.D., and Paul H. Blachly, M.D., C. R. C. Press, Cleveland; 60 pages.

This is a comprehensive review of lithium as a chemical element from its first medical use in 1841 through the years to 1949, when toxicity, in its misuse, led to a demand that it be removed from the market. At the time (1949) Cade introduced it in the treatment of mania. However, it was not until about 1960 that there was a revival of interest in the United States to overcome the adverse influence of its early misuse.

Three hundred fifty-five articles are cited throughout the text, providing the reader an easy reference to any particular phase of the work done with lithium. Twenty-six articles are reviewed and an additional 11 are listed.

Principles of treatment are set forth, dosage and maintenance levels are defined. Toxic effects are thoroughly discussed and the signs of early side effect are set forth. The safety of lithium is discussed, and the ease with which the serum level can be determined reinforces its safety.

Experience with lithium in schizophrenia, in depressions and other disorders is included.

As yet unproven, hypotheses of the action of lithium are amenable to experimental investigation and provide a stimulating and exciting glimpse into the future possibilities of mood-influencing agents.

The book is well organized, therefore, easy to read, and should be in every psychiatrist's library. Any physician will find it worth his time to read.

MURRAY DeARMOND, M.D.
Indianapolis

DOCTOR AND PATIENT AND THE LAW

R. Crawford Morris, LL.B., and Alan R. Moritz, M.D., The C. V. Mosby Co., St. Louis; 554 pp., $24.50.

This book is the ideal publication for both doctors and lawyers, not to mention the interested laymen who may wish to dip into a subject which has been increasingly in the public mind. The book also is a fine source of material for medical and law students and is particularly adapted as a source book for the busy physician.

This is the fifth edition of a book written by one of the pioneers in the field of legal medicine, Dr. Louis J. Regan, who died in 1955. In the preface the authors note that they have made an effort to retain Dr. Regan's original purpose—namely, the presentation of a concise treatment of the subject of legal medicine, although they have changed the format and content of the edition considerably.

The book is divided into sections which deal with the rights and duties of physicians, the rights and responsibilities of patients, a discussion of the general subject of medical testimony, and a final section on medical professional liability. A useful index is very easy to use and there is an extensive listing of the cases cited in the book by states, which is additional to the extensive tables of reference which follow each of the chapters.

The typography and spacious pages make this a very easy book to read, and the skillful and lucid writing of the authors is another very helpful feature of this very timely and necessary addition to the physician's library.

LALL G. MONTGOMERY, M.D.
Muncie

THE PROBLEMS OF DRUG-RESISTANT PATHOGENIC BACTERIA

Symposium edited by E. L. Dulaney & A. I. Laskin. Annals of the New York Acad. of Sciences, volume 182, 1971; 417 pages—in six parts—with numerous illustrations.

A veritable pride of scientific lions had gathered to discuss a baffling frontier of science; eagerly explored for the last decade, it still defies coherent answers. I found the going hard and was forced—repeatedly—to go to the dictionary for the *exact* definitions. It could be something trifling. Thus, "nosocomial" disease is literally disease related to the hospital. Well, why not say "hospital-resistant strains"? Or, on a subtler level, R factors "are intracellular genetic elements of bacteria that transfer drug resistance markers to other bacteria by causing conjugation (or cell-to-cell contact)." Now that is a brain teaser as it raises the entire concept of plasmids, viruses inserted into the cytoplasmic material independent of chromosomal mechanisms, etc. Being a mere internist and not an expert microbiologist, I found the reading very slow and not too rewarding.

Along the same frontier: how about "penicillin resistance is due to the acquisition of a penicillinase plasmid"? And the complex (and by no means proven) evidence that they are extrachromosomal?

In sum, then: this is a highly technical presentation of very debatable data that *may*—within the coming decade—have a most practical significance. Until that desirable day, I can only recommend this for the highly skilled personnel manning our laboratories, NIH Institutes and such.

As usual, the paper, binding and printing are excellent. The bibliographies are superb. The few typo errors are of no practical importance.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

INFLUENZA EPIDEMIC AND CONGENITAL DEFECTS

J. Hakosalo and L. Saxen (111 Dept. of Pathology, Univ. of Helsinki, Helsinki)

Lancet 2:1346-1347 (Dec. 18) 1971.

A clear positive correlation has been shown between the 1957 Asian influenza epidemic in Finland and the incidence of malformations of the central nervous system. There was no increase of other congenital defects. During the epidemic, sales of drugs were much increased, and thus the infection as such may not necessarily be the teratogenic factor.

SPLENECTOMY FOR ANEMIA IN PATIENTS ON REGULAR HEMODIALYSIS

L. C. J. Hartley et al. (Princess Alexandra Hosp., Woolloongabba, Queensland, Australia)

Lancet 2:1343-1345 (Dec. 18) 1971.

Four patients on regular dialysis therapy were incapacitated by anemia not responding to adequate dialysis. Infection, deficiency states and blood loss could not be implicated as the cause of the anemia, and since there was evidence of extracorpuscular hemoly-

Concluded

sis with excessive splenic activity, splenectomy was performed. All four patients had symptomatic relief maintained for 11 to 21 months after operation.

FATAL SEPTICEMIA DUE TO *STAPHYLOCOCCUS AUREUS* 502A

P. W. Houck (5323 Harry Hines Blvd., Dallas 75235), J. D. Nelson and J. L. Kay

Am. J. Dis. Child. 123:45-48 (Jan.) 1972.

During a bacterial interference program in a newborn nursery, 38 of 644 (5.9%) deliberately colonized babies developed disease related to the *Staphylococcus aureus* 502A blocking strain. Thirty had pustules, six had conjunctivitis and one infant developed an abscess. An infant of a diabetic mother developed septicemia and meningitis, probably secondary to passing an umbilical vein catheter through the colonized umbilical stump. *S aureus* 502A and *Escherichia coli* were isolated from blood culture and from autopsy cultures of blood and peritoneum. A meningeal culture grew *S aureus* 502A. Gram-positive cocci were identified in liver, lung, heart and meninges. Only two (0.5%) minor 502A infections were seen in 444 spontaneously colonized infants. The benefits of *S aureus* programs far outweigh their hazards. Disease due to the 502A strain is more frequent when the inoculum applied to the infant is larger than when it is below 4,000 bacteria.

METHOTREXATE-INDUCED CONGENITAL MALFORMATIONS

H. R. Powell and H. Ekert (Royal Children's Hosp., Parkville, Australia)

Med. J. Aust. 2:1076-1077 (Nov. 20) 1971.

Another case of methotrexate-induced congenital malformations is presented. The abnormalities were mainly of the skull bones. The mother was given the methotrexate as treatment for psoriasis during early pregnancy.

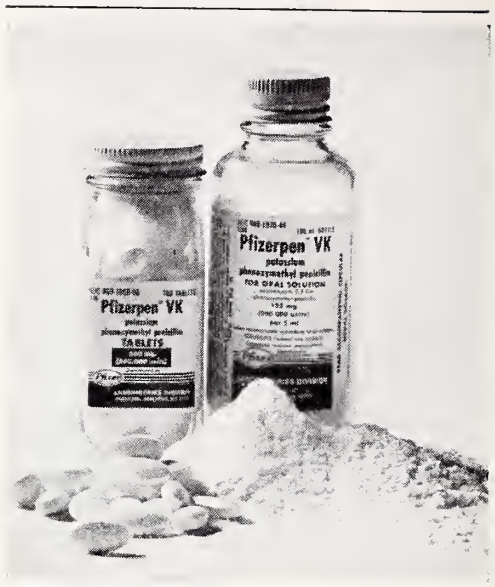
ASSESSING QUALITY OF CARE FROM MEDICAL RECORD

W. J. Fessel and E. E. Van Brunt (2200 O'Farrell St., San Francisco 94115)

New Eng. J. Med. 286:134-138 (Jan. 20) 1972.

Quality of medical care may be assessed on the basis of either the outcome of the care or the process by which it was given. To compare the efficacy of these two criteria, records were studied of patients with two common conditions, appendicitis and myocardial infarction. In three different hospitals the records of patients with the diagnosis of acute appendicitis had considerable disparity in the frequency of documentation of commonly sought symptoms or signs of this condition; yet at each hospital the disease was diagnosed with the same accuracy. Similarly, recorded data of patients with acute myocardial infarction showed no relation to various outcomes, including length of time lost from work, occurrences of angina, congestive heart failure, myocardial reinfarction, and death. The orthodox method of audit for quality of medical care, based upon chart review of the recorded process of care, may be incomplete and misleading. A valid medical audit should also include measures of illness outcome. ◄

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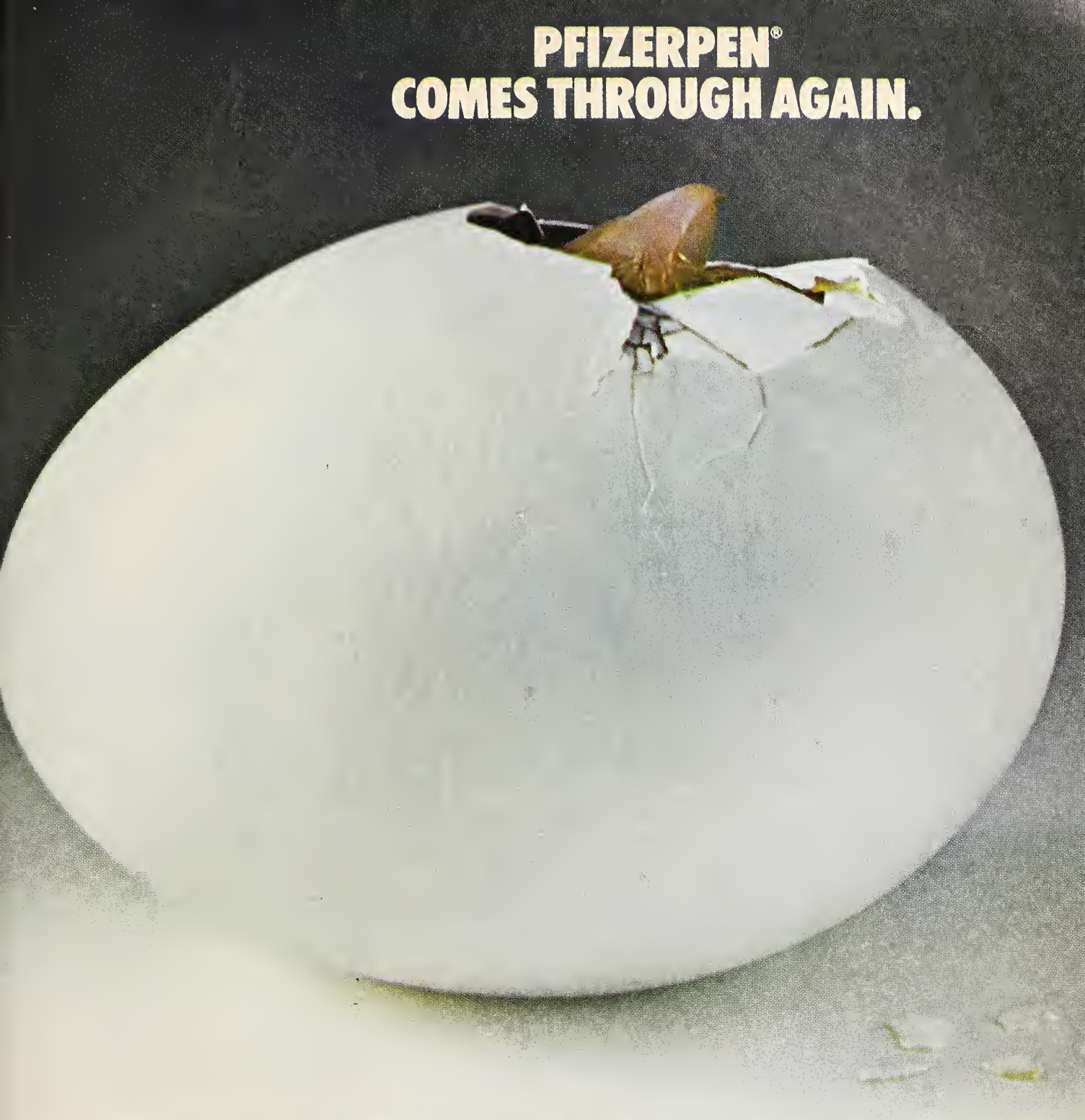


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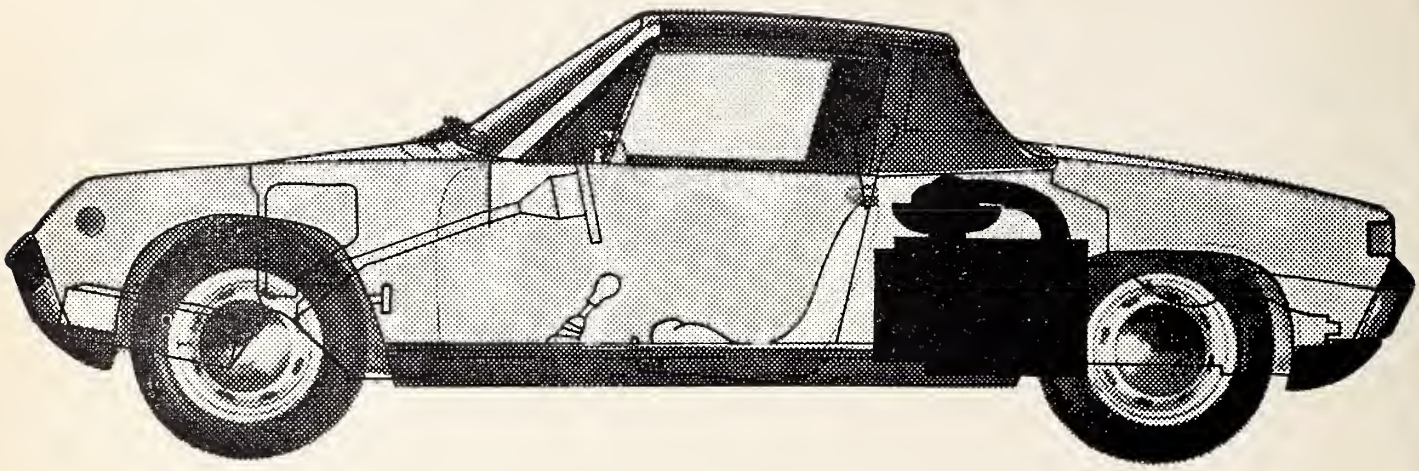
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But unfortunately, that's just what a lot of people do.

Which is a good way to make a lot of car salesmen very happy.

And a good way to make a Porsche salesman feel insulted. Because we at Porsche are very proud of the way we build our cars. And we want you to know about it.

On the *inside* of our 914 for example, you'll find an engine where other sports cars wedge in a back seat.

It's a light alloy, 1.7 liter fuel-injected air-cooled engine that won't boil over or freeze up.

And it's in the middle for near perfect weight distribution. So you corner surer and brake more evenly.

You'll also find rack-and-pinion steering.

Four-wheel disc brakes.

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And a built-in roll bar.

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140/90 is normal blood pressure...or is it?

An extensive study based on nearly 4 million life insurance policies suggests that a blood pressure reading of 140/90 requires close medical supervision.

Study Findings. Twelve years ago the Society of Actuaries reported on an extensive study based on the lives and deaths represented by almost 4 million life insurance policies. From this vast survey—"The Build and Blood Pressure Study"[1]—insurance experts concluded that:

- Blood pressure above 140/90 is accompanied by increased morbidity and requires close medical attention.
- Even small increments in either systolic or diastolic blood pressure progressively and steeply shorten life expectancy.

Other Studies. Studies conducted with large numbers of patients since that time have echoed the above findings. Two studies published in 1970—the VA Cooperative Study Group on "Effects of Treatment on Morbidity in Hypertension"[2] and the "Framingham Study"[3]—suggest that treatment of even mild hypertension may, over time, offer significant benefits to the patient.

Another Point of View. Although a growing body of studies suggests that treatment of mild hypertension is warranted, medical opinion is not unanimous. Some clinicians recommend that drug treatment for mild hypertension be reserved for patients with additional risk factors such as smoking, high cholesterol levels, heart or kidney involvement, or a family history of vascular disease. Dr. Walter M. Kirkendall stated this position in his recent paper "What's With Hypertension These Days?"[4] Discussing the management of hypertension in patients with a sustained diastolic pressure up to 100 mm Hg, he said: "Generally, I do not recommend antihypertensive therapy unless patient's blood pressure approaches the upper limit for the group and a number of adverse factors exist, such as male sex, family history of vascular disease, youth, evidence of heart or kidney involvement."



Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

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25- and 50-mg tablets

HydroDIURIL®
(Hydrochlorothiazide|MSD)

Therapy to Start With

For a brief summary of prescribing information, please see next page.

1. Society of Actuaries, *The Build and Blood Pressure Study*, 1959.
2. Veterans Administration Cooperative Study Group on Antihypertensive Agents, "Effects of Treatment on Morbidity in Hypertension," JAMA *213*:1143-1152, Aug. 17, 1970.
3. Kannel, William B., *et al.*: "Epidemiologic Assessment of the Role of Blood Pressure in Stroke—The Framingham Study," JAMA *214*:301-310, Oct. 12, 1970.
4. Kirkendall, Walter M.: "What's With Hypertension These Days?" Consultant, Jan. 1971.

25- and 50-mg tablets

HydroDIURIL®

(Hydrochlorothiazide|MSD)

Therapy to Start With

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CONTRAINDICATIONS: Anuria; increasing azotemia and oliguria during treatment of severe progressive renal disease. Known sensitivity to this compound. Nursing mothers; if use of drug is deemed essential, patient should stop nursing.

WARNINGS: May precipitate or increase azotemia. Use special caution in impaired renal function to avoid cumulative or toxic effects. Minor alterations of fluid and electrolyte balance may precipitate coma in hepatic cirrhosis.

When used with other antihypertensive drugs, careful observation for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents, especially ganglion blockers, must be reduced by at least 50% because HydroDIURIL potentiates their action.

Stenosis and ulceration of the small bowel causing obstruction, hemorrhage, and perforation have been reported with the use of enteric-coated potassium tablets, either alone or with nonenteric-coated thiazides. Surgery was frequently required, and deaths have occurred. Such formulations should be used only when indicated and when dietary supplementation is impractical. Discontinue immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Thiazides cross placenta and appear in cord blood. In women of childbearing age, potential benefits must be weighed against possible hazards to fetus, such as fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

The possibility of sensitivity reactions should be considered in patients with a history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported for sulfonamide derivatives, including thiazides.

PRECAUTIONS: Check for signs of fluid and electrolyte imbalance, particularly if vomiting is excessive or patient is receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances. Hypokalemia may develop (especially with brisk diuresis) in severe cirrhosis; with concomitant steroid or ACTH therapy; or with inadequate electrolyte intake. Digitalis therapy may exaggerate metabolic effects of hypokalemia, especially with reference to myocardial activity. Hypokalemia may be avoided or treated by use of potassium chloride or giving foods with a high potassium content. Similarly, any chloride deficit may be corrected by use of ammonium chloride (except in patients with hepatic disease) and largely prevented by a near normal salt intake. Hypochloremic alkalosis occurs infrequently and is rarely severe. In severely edematous patients with congestive failure or renal disease, a low salt syndrome may occur if dietary salt is unduly restricted, especially during hot weather.

Thiazides may increase responsiveness to tubocurarine. The antihypertensive effect of the drug may be enhanced in the postsympathectomy patient. Arterial responsiveness to norepinephrine is decreased, necessitating care in surgical patients. Discontinue drug 48 hours before elective surgery. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics.

Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been seen in a few patients on prolonged thiazide therapy. The effect of discontinuing thiazide therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients. Parathyroidectomy has elicited subjective clinical improvement in most patients, but has no effect on hypertension. Thiazide therapy may be resumed after surgery.

Use cautiously in hyperuricemic or gouty patients; gout may be precipitated. May affect insulin requirements in diabetics; may induce hyperglycemia and glycosuria in latent diabetics.

ADVERSE REACTIONS: Rare reactions include thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, cholestasis, and pericholangiolitic hepatitis. Nausea, vomiting, diarrhea, dizziness, vertigo, paresthesias, transient blurred vision, sialadenitis, purpura, rash, urticaria, photosensitivity, or other hypersensitivity reactions may occur. Cutaneous vasculitis precipitated by thiazide diuretics has been reported in elderly patients on repeated and continuing exposure to several drugs. Scattered reports have linked thiazides to pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice. When adverse reactions are moderate or severe, the dosage of thiazides should be reduced or therapy withdrawn.

For more detailed information, consult your MSD Representative or see the Direction Circular. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

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1971: A Milestone of Achievements for Indiana Blue Shield

SINCE 1946, reaching new records of service has been the rule, not the exception, for Blue Shield of Indiana. But in 1971 the record-setting accomplishments of Indiana Blue Shield were nonetheless a significant milestone in its quarter-century of service to the state.

In 1971, as in previous years, cost control and efficient service were major points of emphasis. But the entire spectrum of service performed was substantially greater than that of any previous year, including 1970.

What Makes 1971 Special?

An important factor boosting last year's service results was Blue Shield's move to the new Blue Cross and Blue Shield Service Center in Indianapolis. Uniting all of Indiana Blue Shield's Management, Claims Employees and Professional Relations Staff within the new facility proved advantageous for several reasons.

In the area of Professional Relations, response to physician inquiries was improved by a new computerized telephone system providing exclusive, direct communication access to all Indiana physicians, regardless of where they practice in the state.

In the processing of both private and governmental claims, a reduction in the claims processing cycle was begun with a phased change-over to a new on-line system of computer processing.

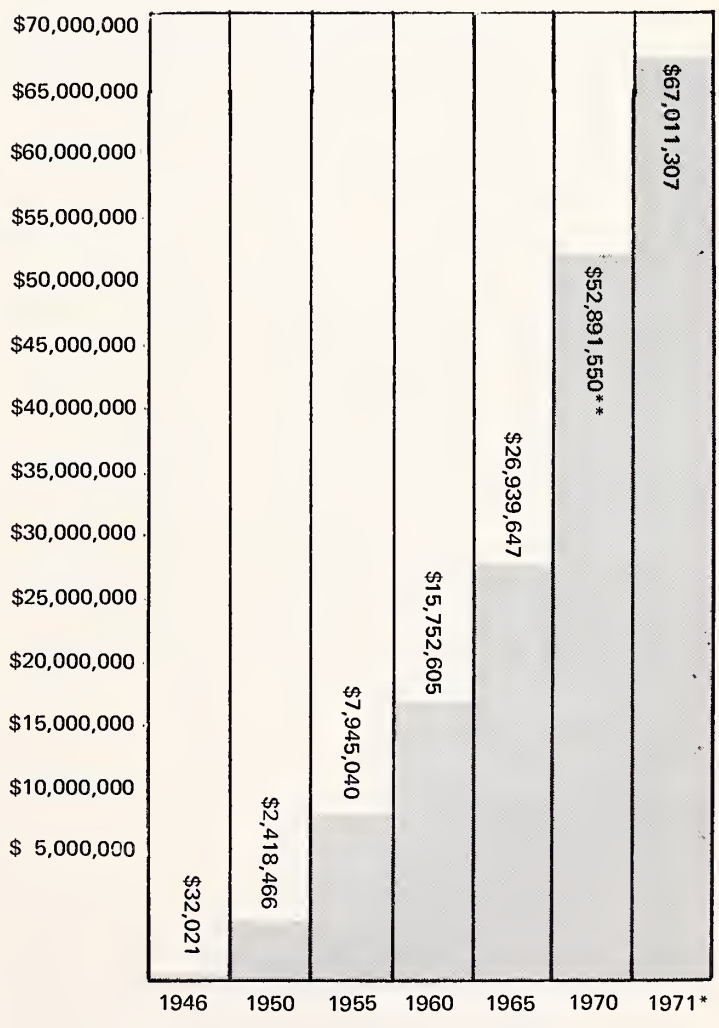
1971 Results

At year's end, Indiana Blue Shield was pleased to announce that nearly 7 million claims had been processed in private and governmental business combined. Two of the largest processing increases were in private business and government Medicaid claims.

A total of 2,802,000 private business claims were processed, including more than a million prescription drug claims—a 14% increase over 1970. In Medicaid processing, 3,226,000 claims were handled—a 74% increase over 1970.

Last year, Indiana Blue Shield's payments for physician services soared to $67,011,307—another 14% increase over 1970—and representing more than 2,000 times the volume of payments provided by Indiana Blue Shield in 1946.

Interestingly enough, it is quite possible that Indiana Blue Shield will record still more increases in 1972; if so, the results will be added to the chart below, containing a capsule view of Blue Shield's long heritage of serving Indiana physicians. ◄



Indiana Blue Shield
Payments for Doctors' Services

FUTURE MEETINGS, SEMINARS, COURSES

Hospital Safety Seminar Scheduled for Indianapolis

The National Hospital Safety Seminar of the National Safety Council will be held at Stouffer's Inn, Indianapolis, on May 1, 2 and 3. The subject will be: "Patient Safety and Preventive Medicine as It Applies to Safety." Total cost of the seminar, including breakfasts and a dinner, is $25. Write Mr. Phil Weiner, The National Safety Council, 425 N. Michigan Ave., Chicago 60611.

Digestive Diseases Course Set

A Postgraduate Course on digestive diseases will be conducted by the American Gastroenterological Association on May 21 and 22 at the Fairmount Hotel in Dallas. The course will cover pancreatic physiology and disease at a level for clinical gastroenterologists. Tuition for guests is $100, that for qualified trainees $25. Advance registration is mandatory, registration deadline is May 1. For further information write: AGA Course, 6900 Grove Road, Thorofare, N.J. 08086.

First Symposium on Community Emergency Medical Services Set

The Harris County Medical Society of Houston, Texas, and the AMA are co-sponsoring the First National Symposium on Community Emergency Medical Services, at the Astroworld Hotel in Houston on May 26 and 27. A distinguished panel of experts will participate. Dr. John S. Farquhar, Chairman of the AMA Committee on Community Emergency Service is included. The registration fee of $50 includes two lunches, one dinner and a Texas-type reception. For full particulars wrrite to Harris County Medical Society, 400 Jesse H. Jones Library Bldg., Texas Medical Center, Houston 77025.

Colorado Announces Three Summer Courses

Colorado School of Medicine has scheduled three summer courses for the family physician. General Practice Review will meet June 12 to 17 at the YMCA Conference Center, Estes Park. A course in internal medicine will meet at the same location July 17 to 21. A pediatrics course will be at Aspen from July 30 to August 2. For details as to tuition and registration write Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

Perinatal Medicine Course Set

A five-day postgraduate course in PERINATAL MEDICINE will be conducted by the University of Colorado School of Medicine at Snowmass-at-Aspen, Colorado, July 17 to 21. Registration fee and tuition is $125. For full information, including hotel accommodations, write Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

CA of Digestive Tract Topic of Gastroenterological Course

The American Gastroenterological Association will conduct its Fourth Annual Postgraduate Course July 20 to 22, as the Aspen Institute for Humanistic Studies in Aspen, Colo. This year's subject will be Cancer of the Digestive Tract. All physicians are welcome. The registration fee is $80 for AGA members; $100 for non-members; and $25 for those in training status. Address inquiries to Mrs. Frances T. Chalmers, Box 190, McLean, Va. 22101.

Tenth International Conference To Be Held in New York in July

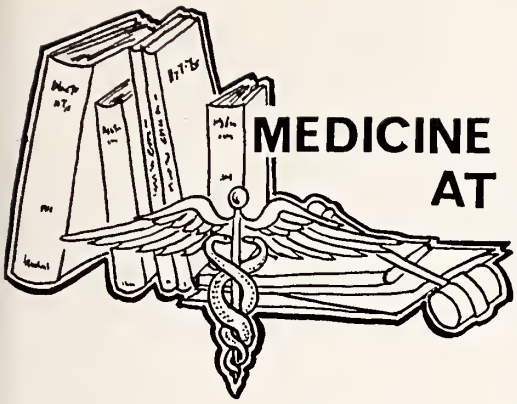
The Tenth International Conference on Extra-Corporeal Technology will be held on July 27 to 29 at the Waldorf-Astoria in New York City. For further details write Edward C. Berger, 287 E. Sixth St., St. Paul, Minn. 55101.

Thyroid Meeting Set for Chicago

Members of the ISMA are invited to attend the meeting of the American Thyroid Association to be held at the Drake Hotel in Chicago September 20 to 23. The registration fee for non-members is $10; residents are welcome free of charge. Full information may be obtained by writing Dr. A. B. Hayles, Mayo Clinic, Rochester, Minn. 55901.

EEG Continuation Course Set

A continuation course on "Clinical Electroencephalography" will be held October 9 through the 11th at the Shamrock Hilton Hotel in Houston. The course will review the fundamentals and principal applications of EEG to clinical medical practice. Address inquiries to Dr. Donald W. Klass, The Mayo Clinic, Rochester, Minn. 55901.



MEDICINE AT LAW

$300,000 Award for Negligence in Administration of Anesthetic—A $300,000 jury verdict was returned against a physician, a nurse and a hospital, all charged with negligence in administering an anesthetic during surgery.

The patient, while playing touch football at a family picnic, had fallen and dislocated his left shoulder. He entered the hospital on July 24, 1969, and was operated on on July 25, 1969.

After 30 minutes of surgery and 10 minutes of controlled breathing while the patient was still under Anectine, the nurse moved him to the recovery room. The move took approximately one minute. Ten minutes later he died.

The physician had left the operating room approximately five minutes before the patient was moved. There was a dispute in the testimony as to whether or not the patient was immediately placed in an automatic breathing device in the recovery room.

The medical witness for the patient stated that the patient died from lack of oxygen while he was under the anesthetic.—*Foster v. Englewood Hospital Association* (Ill. Cir. Ct., Cook Co., Docket No. 69L-14711, Oct. 27, 1971).

"Moonlighting" Resident's Wrong Diagnosis Costs Hospital $250,000—In a suit against a hospital and a medical group for wrongful death resulting from improper diagnosis and treatment of an infection, a widow and three minor children were awarded $250,000 in a settlement agreement. The patient, a 30-year-old mathematician, was earning $20,000 a year at the time of his death.

The patient had a sore throat for two days before he finally sought treatment at the hospital, where he and his family were plan members. When he went to the hospital, at 9:30 p.m., the clinic was closed and he was sent to the emergency department, where a "moonlighting" physician (a university resident) examined him.

The patient's symptoms at that time were redness of the larynx, with no swelling or marked congestion, a temperature of 99.2 F and a pulse rate of 80. The resident made a diagnosis of laryngitis, ordered a culture, and prescribed antihistamine and aspirin.

On returning home, the patient had difficulty in breathing and in swallowing the medications. He returned to the emergency department at 3:00 a.m., where he was examined by another "moonlighting" physician. This physician was a university resident in psychiatry in his third or fourth year. However, he had had two years of general practice and several years of experience in the emergency room.

According to the record, the second physician did not take vital signs. He noted that the patient had a beefy-red throat, with minimal swelling of the neck, but that his throat and cords were clear. He made a diagnosis of viral sore throat and hysterical reaction and sent the patient home, instructing him to take ice water through a straw.

The patient's difficulty in swallowing and in breathing worsened on his return home. When he started to choke, at about 4:30 a.m., his wife called for an ambulance. He was taken to the hospital in extremis and was dead at next examination, between 5:30 and 6:00 a.m.

Autopsy revealed an acute swelling of the epiglottis, trachea, vocal cords and larynx. Culture disclosed an infection with Haemophilus influenzae. The medical examiner concluded that the cause of death was asphyxia resulting from acute laryngitis due to H. influenzae.

The widow and children brought action against the hospital and the associated medical group, contending that the second examining physician was negligent, because he was not competent to do a laryngoscopy and therefore failed to see symptoms of H. influenzae, which must have been present at that time. They further contended that he was negligent in diagnosing the breathing difficulties as hysterical in origin and in not calling for a consultation where the symptoms were out of his field of expertise or knowledge. They said that he should have kept the patient under observation at the hospital, where a life-saving tracheostomy could have been performed when the symptoms progressed rapidly.

The hospital claimed that the patient had had a staphylococcal disease that was very rare in adults and that the diagnostic clues, a swollen cherry-red epiglottis and stridor, were not present at either examination. Hospital officers said that the respiratory obstruction that resulted in asphyxia had occurred after the patient had left the hospital and that there had been no deviation by hospital physicians from the standard of practice. They pointed out that not all patients with sore throats can be hospitalized and they said that no consultation was required in the absence of symptoms calling for one.—

Weinshenk v. Kaiser Foundation Hospitals (Cal. Super. Ct., Alameda Co., Docket No. 400278, 1971).

Physician Not Liable for Abortion from Intrauterine Device— In a recent lawsuit a woman claimed that a physician negligently failed to conduct a proper pelvic examination prior to the placement of an intrauterine device, thereby failing to detect that she was pregnant. A California jury returned a verdict in favor of the physician.

The patient, an 18-year-old housewife, had one child. She had gone to a county health center to obtain a contraceptive intrauterine device. A health center physician inserted the device.

Unknown to either the woman or the physician, the woman was pregnant at the time. She aborted 24 hours after the placement of the intrauterine device.

The woman claimed that the physician had negligently failed to perform a proper pelvic examination. She requested damages for menstrual irregularity, cramping and emotional disturbance.

The physician denied that he had been negligent. He contended that he had complied with the community standard of medical care. He also contended that the woman had been contributorily negligent in that she failed to tell him that her menstrual period was overdue at the time of the examination.—*Battle v. Los Angeles County* (Cal. Super. Ct., Los Angeles Co., Docket No. EA C932853, 1971). ◄

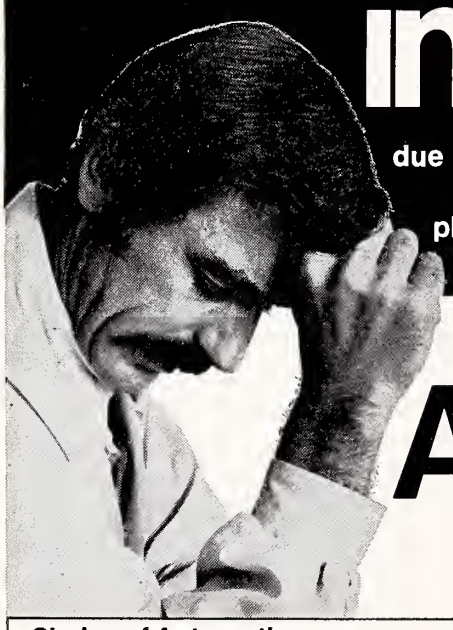
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NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society



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Double-Blind Study and Type of Patient: 100 patients suffering from impotence. Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% on placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

Choice of 4 strengths:

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Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C

Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
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Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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From *The Journal* 50 Years Ago

Cholesterol or cholesterin has been the subject of much recent investigation. First discovered in the bile, as its name indicates, it was supposed to be secreted by the mucosa of the gall bladder. It is a carbon-hydrogen-oxygen compound, a monatomic alcohol, a primary cell constituent and is doubtless a product of protein metabolism. Luden, of the Mayo Clinic, has made a long series of experiments to determine its importance in the economy and seems to have established a definite relationship between diet, blood cholesterol and the lymphoid defense. It is indicated, for example, that an excess of food rich in cholesterin, as the yolk of eggs, increases the cholesterol content of the blood but decreases the activity of the lymphocytes.

Now cholesterol is an excretion product in the bile and is held in solution by the bile salts and soaps. This solvent quality of the bile is reduced by changes in its mucin content induced by bacterial attack on the mucosa. With this result, viz., that the cholesterol is precipitated and a coagulum is formed containing cholesterin, mucous and bacteria, and, in some instances, bile pigments, calcium and magnesium salts. This is the genesis of gall stones, a complex of faulty metabolism and bacterial action. These reactions may take place in any part of the biliary tract, though of course most commonly in the gall bladder.—John W. Sluss, M.D., Indianapolis, "Biliary Infections," *JISMA*, April 1922.

The Woman's Auxiliary REPORTS TO ISMA

This will be my last opportunity to acquaint you with Auxiliary activities, and so in this report I shall present a review of the year's activities.

In the May and June 1971 issues we acquainted you with the newly elected officers of the Woman's Auxiliary and began to make plans for the ISMA convention.



In July our guest writer, Mrs. Herbert Egbert, very nicely presented the history and purpose of the WA-SAMA, the medical student wives' organization. After the AMA meetings in June, at which time President Richard Nixon spoke to the men, we reported in August that the President needed the help of the leadership of the medical profession and their wives.

In September Mrs. Dwight Schuster presented the Blue Shield program and gave the dates and location of the workshops for medical assistants. Mrs. G. Beach Gattman, in the October issue, presented the importance that the Auxiliary has placed on keeping its members legislatively informed and the importance of contributing regularly to IMPAC-AMPAC. In the report she outlined four points on how to develop greater awareness of the latest proposed legislation, national health insurance.

The Auxiliary in action for AMA-ERF was presented in November by Mrs. Claude Meyer. This program was begun 10 years ago and has been a great help to Indiana University Medical School. This year it received $110,000 from the Auxiliary and the Medical Association.

In December we learned that the ISMA convention meetings were a great success, and Dr. W. B. Sholty of Lafayette was appointed the new liaison officer to the Auxiliary.

The January report was lost in the mail with 14 other pages of copy for *The Journal*. In February we presented a report on the White House Conference on Aging, and in March Mrs. C. B. LaDine reported on the launching of the State Auxiliary pilot program of nursing home visitations. We are proud of this program. It has been reported to be the first of its kind in the nation.

This has been a productive year for us. This year the AMA and the Woman's Auxiliary, increasingly aware of the need to unite efforts, together sponsored a national conference on "Health Education is the Key."

On invitation, the Woman's Auxiliary created a companion to the Commission on Voluntary Health Agencies. When possible, the ladies will participate in the programs.

My trip to the Conference on Aging in Washington, D. C., at President Nixon's invitation, gave me an overview of the problems of the aged and was the forerunner of the Auxiliary's pilot program of visitations to nursing homes.

The installation of the kitchen in the basement of the ISMA building is completed. Sixty place settings of dishes and flatware have been purchased and the kitchen is ready for use.

This year I was privileged to visit the following counties: SOUTHERN AREA—Clark, Jasper, Floyd, Gibson, Vanderburgh-Southwestern; CENTRAL AREA—Hendricks, Johnson, Marion, Tippecanoe, Vigo, Wayne-Union, Fayette-Franklin, Delaware-Blackford; NORTHERN—Allen, Elkhart, Grant, Howard, Lake, LaPorte, St. Joseph, and Wells. All of the ladies were kind, gracious and concerned for the betterment of health in their communities.

A big thanks goes to my husband, to all of the doctors, to the ladies of the Medical Auxiliary, and especially to my board for their help. The success of these many projects, new and ongoing, is theirs. My special thanks to Dr. Malcolm Scamahorn and Dr. Peter Petrich for taking time, at any time, for my one-second questions. Thanks also to all of the staff members at the ISMA office but especially to Mrs. Jane Middleton, Mrs. Don Cary, Mr. Waggener and Mr. Bush.

Serving as president of the Auxiliary to the ISMA has indeed been a privilege I shall long remember.

Lelia M. Chernicky

Art, Hobby Show Planned For ISMA Annual Meeting

Space will be provided at the 1972 annual meeting of the Indiana State Medical Association, October 16, 17 and 18 at Indianapolis for a Physicians' Art and Hobby Show.

The Woman's Auxiliary of the Indiana State Medical Association has been invited to participate in the show.

Members of ISMA interested in exhibiting pieces and requiring any information regarding this can contact:

Indiana State Medical Association
3935 North Meridian Street
Indianapolis, Indiana 46208

It will be the responsibility of each physician to see that his work gets to the exhibition at the Indiana Convention Exposition Center. Final arrangements will be taken care of by a committee.

The ISMA will provide suitable display facilities, but each physician is responsible for transportation costs and any other such expenses involved in entering his exhibit.

We solicit your exhibit to make this the largest and best ever this year.

Application for Space in Art and Hobby Show Exhibit

Mail to:

Indiana State Medical Association

3935 North Meridian Street

Indianapolis, Indiana 46208

Name_____

Address_____

City_____

Type and number of pieces to be displayed: _____

Photography_____

Sculpture_____

Crafts_____

Painting_____

Other_____

Estimated amount of space required—lineal or square feet _____

Other information_____

TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

ONE hobby of every teacher is to collect jokes and unique incidents concerning his subject matter—and after teaching over 1,000 students, I've probably gathered one of the largest collections around. But some of my most unbelievable items have come from such lawyers as John O'Conner of Indianapolis who last month sent me the data, from a client's federal income tax returns, that made him a believer in the adage that any numerical combination can occur in taxes. What do you think the odds were for a high-bracket taxpayer to have the following adjusted taxable incomes for the following years—so that his income tax for 1971 was $38,046 regardless whether he made the computation in the normal manner or used "income averaging"?

1971	*1970*	*1969*
$88,110	$66,813	$81,079

1968	*1967*
$67,517	$60,232

Representative Wilbur Mills recently stated that, in his opinion, tax reform is not equated with new types of taxes, e.g., the value-added tax proposed by President Nixon, but rather ". . . a program of further elimination of preferences and so-called loopholes in the federal income, estate, and gift tax system."

Frequently, owners of small corporate business (professional or otherwise) find it difficult to establish certain types of corporate benefit plans because many insurance companies refuse to issue contracts for companies with only a few employees. However, recently I was sent some data by the Metropolitan Life company which stated that they would issue medical, accident, and low-cost life insurance to corporations with just *two* or more employees.

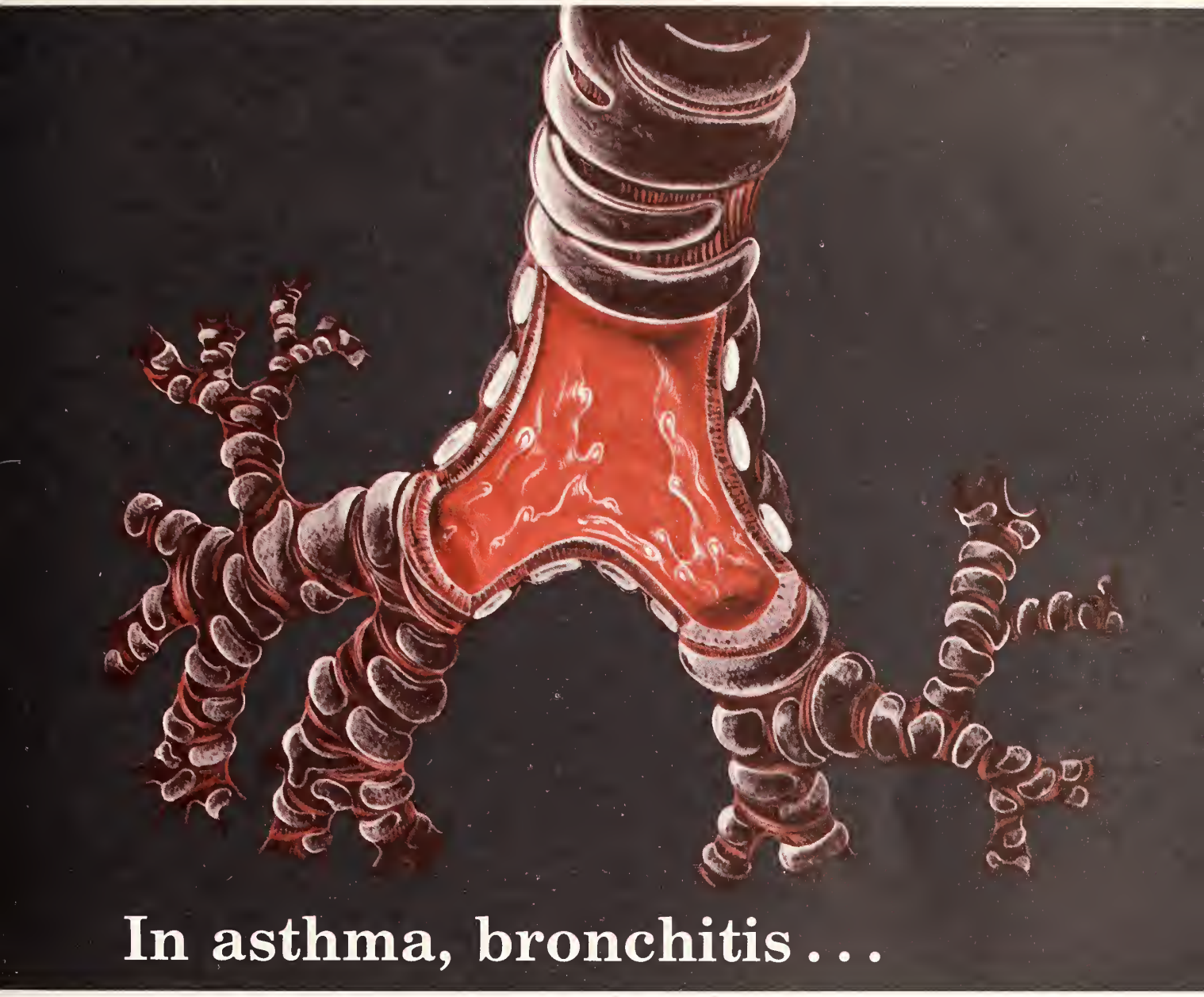
The rate of interest charged by Indianapolis banks on short-term loans (6 to 18 months) has significantly fallen. Therefore, if you have been postponing purchases—it is doubtful that local money will be cheaper than it is now, i.e., 5¼% to 5¾% simple interest per year.

If you own a business, even a small one, then you should ask your lawyer whether the recent and most important decision in *Estate of Sydney J. Carter* (2nd Cir. 1971) could be applicable to you. In many respects, this is a landmark case for planning—that is, for providing a decedent's widow with tax-free distributions from the business. In the extraordinary decision, a majority of the court held that payments (which totalled over $60,000) made by an employer-corporation to the widow of an employee were gifts to the widow and, thus, excludable from her gross income, mainly because: the decedent had been fully compensated for his services up to the date of his death; the corporation was not obligated to make the payments to the widow; the payments were made to the widow, rather than to the decedent's estate; and, the employer knew that the widow was dependent upon the decedent's salary in order to pay for such things as the decedent's significant hospital expenses.

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal*. Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

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In asthma, bronchitis . . .

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"For the viscid sputum, potassium iodide (. . . preferable as enteric coated tablets) may be best."[2]

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"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. *ij* tabs. t.i.d. p.c.

References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.

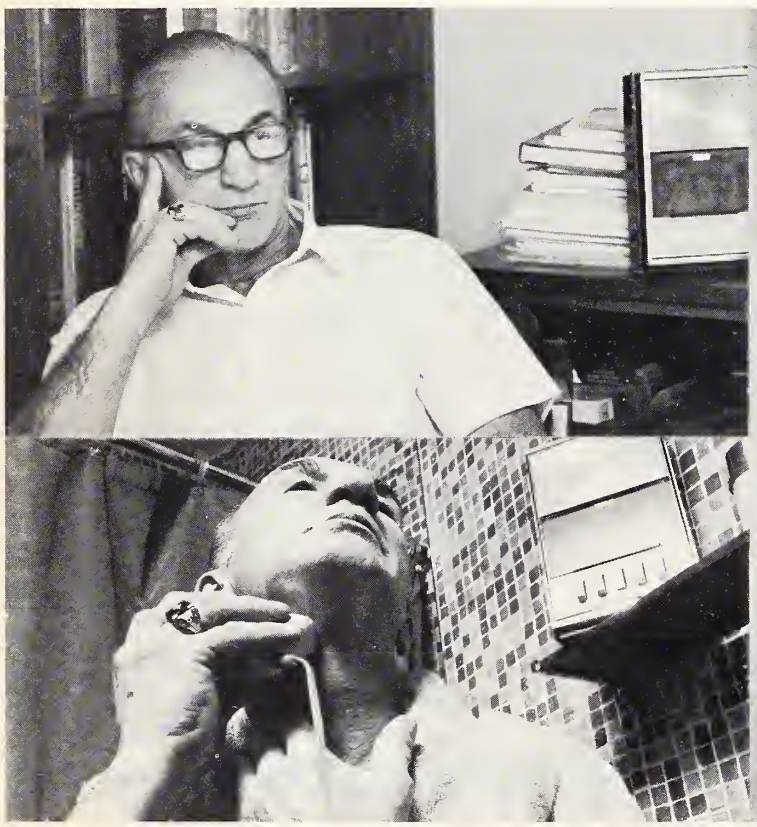


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Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause *CNS effects* such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic *cardiovascular effects* reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. *Allergic phenamena* reported include such conditions as rash, urticaria, ecchymosis, and erythema. *Gastraintestinal effects* such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

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(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps.

Letters

to the editor

February 14, 1972

To the editor:

I am editing a book on the role of faith or religion in healing from a physician's standpoint. Any physician interested in contributing to this book, please write to the following address:

Claude A. Frazier, M.D.
4-C Doctors Park
Asheville, N. C. 28801

March 15, 1972

To the Editor:

This letter is in reference to a report published in the January 1972 ISMA *Journal*, page 31, by Dr. L. Cattell, medical director of Blue Cross.

The questions involved are relatively minor in their total impact on the profession at the moment but they cast a long and ominous shadow on the future relationship with Blue Cross and Medicare. If the same methods project into the future as are currently being used, it is time all be informed.

To put this in context, it is necessary to review a little history of this particular case. In 1966 the federal government started sponsoring the building of Extended Care Units for a third level of care to follow intensive or acute care, but interposed before purely custodial care. This was done with local medical participation. About six hospitals in Indiana opened such units in 1969-70, including 22 beds in the Jay County Hospital, Portland. By February 1970, it was apparent that the unit could not operate at all on the ground rules established by Blue Cross-Medicare and a meeting was held with the joint staffs on February 27, 1970. The first problem was the discovery that Blue Cross, the fiscal agent, did not even know such a unit existed until a month after it had started operation. Next in contention was the use of form C-397 as prepared by Blue Cross. This form consists of a series of checked boxes, prepared by the charge nurse, which is sent to Blue Cross who has some unidentified person make a decision on the appropriateness of the claim. If it is rejected, then the patient receives an unsigned form letter with an all-purpose explanation explaining the rejection. The patient may take the rejection letter to a nearby Social Security office and that clerk will decide on the appropriateness of the claim. Just how this can be done between a sick patient and a lay clerk using a form letter is questionable. This problem was discussed at this meeting. Blue Cross agreed at this time that the form was so near useless that they would operate without it and would depend on local utilization review with frequent doctor consultation. At this time a patient who had been rejected as not needing skilled nursing care was discussed. The chart consisted of 11 pages of history, physical exam, progress notes, lab reports, and several clinical photos to detail the patient's condition. Blue Cross's form C-397 reduced this all to 10 checked items upon which a Blue Cross clerk acted. The letter of rejection stated that this patient did not need skilled nursing care even though the patient died despite the best of efforts. This read a little strange to the deceased's family. Because of these serious objections, Mr. Bridgeford of Blue Cross instituted a program of local review patterned after an agreement made in August 1969, with Parkview Hospital in Fort Wayne, whose problem was based on a near identical situation. All this was agreed to in writing by M. R. Shultz of Blue Cross on May 3, 1970.

By way of direct conversation, it is known that Parkview and Lutheran Hospitals continued to have similar problems based on constantly changing sets of definitions of skilled care apparently to solve financial problems. It is clear that this is a new departure in medicine when skilled nursing care is totally divorced from medical care as per Dr. Cattell's definition. This is a questionable fact when nursing care is subsequent to medical direction.

The form in question was so inadequate that even the nurses state that it could not be used at the change of shifts let alone to make a proper disposition of the patient's problems to Indianapolis. The rejection letters sent to the patient consistently imply mismanagement of the patient as the reason for rejection. For long periods of time there was no medical way to consult with Blue Cross regarding the rejections; especially since they had a consultant whose name would not be disclosed and the rejections were and are yet unsigned. Where else in medicine are unsigned reports accepted?

After many months of constant problems, on October 14, 1971, Mr. Robert Conway informed our hospital administrator that form C-397 would be immediately reinstituted; this is the same form that they recognized as being nearly useless in February 1970. There was no notice given to the Staff of the change in procedure and there was no offer to discuss this unilateral decision. Objections were vociferous to this way of handling the problem and a meeting was requested with Mr. Conway and Dr. Cattell. The Staff and Hospital Board met with these two men on December 9, 1971. Dr. Cattell gave his history of E. C. Units and then restated that the C-397 form would still be used and gave the new definition of skilled nursing care as published in the Journal. However, when we tried to discuss if some better form of communication was possible, we received no offer at all of discussion, compromise, or adjustment for the problem. We were informed in no uncertain terms that these were the rules and this is the way it would be as stated by Blue Cross.

These same people—Blue Cross and Medicare—have now instituted the parameter method of judging acute care; currently at the 90% level but soon to be at the 75% level. I am concerned that the same cavalier attitude will persist. I am concerned that patients are being told that they have one kind of insurance; then, when it fails, the fault will be placed with the doctor with the only recourse being for the patient to take an unsigned letter to a Social Security Clerk for a solution.

I conclude that the whole system must do better, based on the following:

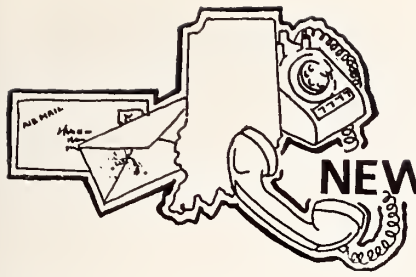
1. The claim form was and is still useless. Blue Cross admitted this in 1970 but still insists on its usage.
2. A nurse is being asked to make recommendations that she is not prepared to make. She can make observations, but I feel that nursing in a hospital occurs within medical guidance and not as a separate entity.
3. Blue Cross and Medicare have accepted for payment patients that the charge nurse recommended NOT be accepted. In other words, they have not been consistent regarding the nurse's observations. Her recommendations have been countermanded in Indianapolis. Likewise, in other circumstances where C-397 was incorrectly reported by the nurse due to her insufficient knowledge of two existing and conflicting medical conditions, Blue Cross refused a claim and refused to reconsider when presented a substantiated medical report.
4. The rejection slips should be signed. An unsigned report is unheard of in medicine.
5. There is no adequate means by which complex medical problems can be settled between the physician and Blue Cross.
6. In the case of rejection, an ill, aged person must take an unsigned, inappropriate form letter to a lay person for a conclusion about a medical need while excluding the physician and the nurse in charge.
7. This type of administration must not be allowed to creep any further into the medical scene.

Sincerely yours,
EUGENE M. GILLUM, M.D.
522 West Arch
Portland 47371

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — February 1972

Disease	Feb. 1972	Jan. 1972	Dec. 1971	Feb. 1971	Feb. 1970
Animal Bites	464	412	574	435	391
Chickenpox	586	452	259	592	620
Conjunctivitis	218	161	138	163	153
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	35	9	15	43	18
Gonorrhea	516	512	977	494	514
Impetigo	170	196	151	84	90
Infectious Hepatitis	46	18	53	55	57
Infectious Mononucleosis	108	93	122	77	98
Influenza	23471	14074	2473	1686	11278
Measles					
Rubeola	222	288	208	37	33
Rubella	104	82	90	224	284
Meningococcic Meningitis	5	1	3	4	5
Meningitis, Other	2	4	8	7	3
Mumps	188	167	111	691	218
Pertussis (Whooping Cough)	6	11	7	19	5
Pneumonia	833	555	341	518	433
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1620	1083	884	993	995
Syphilis					
Primary & Secondary	15	11	18	26	35
All Other Syphilis	58	60	111	141	76
Tinea Capitis	3	3	1	6	4
Tuberculosis (Active)	44	55	73	77	92



NEWS NOTES

Conference on Helicopter Use As Ambulance Well Attended

The ISMA conference on the use of helicopters as ambulances has gotten good coverage in Hoosier newspapers. Representatives of the Indiana State Police, the Indiana State Highway Commission, Indiana Department of Traffic Safety, American Red Cross, the U.S. Army, the U. S. Air Force, the Indiana National Guard, Indiana Associations of Sheriffs, Fire Chiefs and Police Chiefs, Indiana State Board of Health and the Indiana Advisory Committee on Emergency Medical Service met at ISMA headquarters this winter with the ISMA Commission on Emergency Medical Services. Most of the day was spent in discussing and coordinating planning. The agencies with helicopter capability are convinced that evacuation of casualties is possible on an increasing scale. Medical recommendations centered on the necessity of well trained technicians and of life-support systems on the aircraft —the same two characteristics which are necessary for ordinary ground ambulances.

Knox County Members Pledge $1,000

Members of the Knox County Medical Association recently pledged $1,000 toward maintenance and operation of Aquarius, Inc., Vincennes center for help and rehabilitation of drug users.

BNDD Orders 20% Reduction In Amphetamine Production

The Bureau of Narcotics and Dangerous Drugs has ordered the 1972 domestic production of amphetamine and methamphetamine reduced to about 80% of last year's production. A further reduction of an additional 10% is expected. The reduction is specified to reduce the amount of drug which may be diverted to illicit use and also because there is a definite decline in the prescription use of the drugs.

Dr. Frank Tyler Retires

Sixty-four years after his graduation from medical school, **Dr. Frank T. Tyler, New Albany,** has announced his retirement. He was graduated from the Kentucky School of Medicine in 1908 and practiced at Crandall, Ind., until 1913, when he moved to New Albany and opened an office there.

Dr. Tyler is known throughout southern Indiana for the violins which he makes by hand and plays.

Medical Foundation Lists Numerous Memorial Gifts

The Indiana Medical Foundation acknowledges and records receipt of contributions given in memory of the following individuals: Mrs. Ralph V. Everly, Robert S. Smith, Mahlon Miller, M.D., Judge Lloyd Claycomb, Mrs. Mary Black, Ross Griffith, Jr., Guy Spring, Gordon Batman, M.D., Miles Barton, D.D.S., Henry Bibler, M.D., Paul D. Crimm, M.D., G. O. Larson, M.D., Guy Morrison, Mary Rogers, Dale Lentz, Sr., D.D.S.

Drs. Shugart, Bloss, Speak

Hip replacement surgery was discussed at a recent meeting in Plymouth by **Drs. Robert R. Shugart, Fort Wayne, and Dr. Bryant A. Bloss, Evansville.**

Tapes for Psychiatrists Announced by Audio-Digest

The Audio-Digest Foundation announces a forthcoming series of educational tapes for psychiatrists. The tapes will be issued twice each month. Each program will be an hour in length. Audio-Digest tapes are one of the most popular media for continuing education. Of the eight specialty tapes already in circulation more than 100,000 copies are distributed each month.

Hadassah Hears Physicians

Three physicians participated in a program celebrating the 60th anniversary of Hadassah, the Women's Zionist Organization of America, and dedicated to the Hadassah Medical Organization.

Dr. Herschel Bornstein, Gary, spoke on preventive medicine and **Dr. Lee Trachtenberg, Munster,** discussed ophthalmology.

A special portion of the program was the presentation of an inscribed certificate to **Dr. P. J. Rosenbloom, Gary.**

Dr. Raber Attends Symposium

Dr. Robert Raber, Indianapolis, recently attended a two-day Symposium on "Problems of the Female Breast as Related to Neoplasm and Reconstruction" in New York City. The meet-

Continued



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3004 S. Wayne Ave., Fort Wayne, Ind. 46807

ing was sponsored jointly by the Memorial Sloan-Kettering Cancer Center and The Education Foundation of the American Society of Plastic and Reconstructive Surgeons.

Dr. Raber took office as president of the Ohio Valley Society for Plastic and Reconstructive Surgery at the group's annual meeting in February.

Dr. Harvey Speaker at Corydon

Dr. Verne K. Harvey, Jr., Indianapolis, director of the Maternal and Child Health Division of the State Board of Health, was guest speaker at a recent meeting of the Harrison County Comprehensive Health Planning Association.

Honored at Attica

Dr. Peter J. Petrich, ISMA president, was honored at the 25th anniversary celebration of the Attica Eagles Lodge. He was presented the organization's Civic Service award.

Internal Medicine Board Creates New Subspecialty: Rheumatology

The American Board of Internal Medicine has established a new subspecialty area—Rheumatology. The first examination for certification will be given by the Board on October 17, 1972. The American Rheumatism Association Section of the Arthritis Foundation will offer a *Review Session in Rheumatology* in conjunction with the Association's Annual Meeting in Dallas in June 1972. Registration fee for the session is $50, including lunch. Send reservation to the American Rheumatism Section, 1212 Avenue of the Americas, New York City 10036, no later than May 25.

James G. Shanklin Dies

James G. Shanklin, M.D., died recently in Portland, Ore. Dr. Shanklin was born in Hammond, the son of Dr. E. M. Shanklin and Mrs. Shanklin, and obtained his M.D. degree from Indiana University School of Medicine in 1939. He received his postgraduate medical training in Tacoma, Wash., and studied psychiatry in Western Washington State Hospital. He had practiced psychiatry in Portland since 1950.

New ACP Members Announced

New members of the American College of Physicians for Indiana are announced as follows:

BLOOMINGTON—Roger F. Robison, M.D.

ELKHART—Marvin E. Mishkin, M.D.

FT. WAYNE—Ronald H. Scheeringa, M.D.

INDIANAPOLIS—Thomas W. Alley, M.D., Charles B. Carter, M.D.

MUNCIE—John F. Border, M.D., Hugh M. Tomlin, M.D.

SOUTH BEND—Robert L. Devetski, M.D., Norman N. Holtzman, M.D.

★

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Two Become Radiology Fellows

Dr. William L. Bridges, Fort Wayne and **Dr. Charles H. Helmen, Indianapolis** recently received certificates of Fellowship in the American College of Radiology.

Speaks to Ostomy Group

Dr. Clement H. Elshout, LaPorte, anesthesiologist, was the speaker at the February meeting of the LaPorte County Ostomy group.

July 1 Deadline to Apply for Heart Research Fellowships

The American Heart Association announces that applications may be made for research awards in the cardiovascular field and for related problems in the basic sciences for 1973-74. Established investigatorships are open to young physicians and scientists with three or more years of postdoctoral research when applying. There are also British-American Research Fellowships for young U.S. scientists who plan to work in British institutions. Application deadline in both instances is July 1, 1972. For details address the Association at 44 E. 23rd St., New York City 10010.

Cerebral Palsy Unit Organized

Dr. James Buchholz, Fort Wayne orthopedist, has been named to the executive committee of the newly organized United Cerebral Palsy of Allen County.

Speaks to Tri Kappas

Dr. Donald L. McKinney, Otterbein, was the guest speaker at a recent meeting of the Omicron Chapter of Kappa Kappa Kappa in Fowler.

He discussed the theory and practical use of Transactional Analysis, a new concept in mental health.

Medical Staffs Name Officers

Newly elected members of the medical staff executive committee of the **Henry County Memorial Hospital, New Castle,** are: Dr. C. L. Dye, president; Dr. R. G. McKee, vice president; Dr. A. J. May, secretary; and Drs. J. S. Easter and G. P. Wilhelm, members.

Dr. John M. Thompson, ophthalmologist, has been elected president of the medical staff at **Memorial Hospital, South Bend.** Dr. William J. Stogdill was elected vice president and Dr. Robert H. Denham, secretary-treasurer.

Dr. Arroyo Named Diplomate

Dr. Sylvia Z. Arroyo, Evansville, has been named a diplomate of the American Board of Anesthesiology.

Scout Sunday Speaker

Dr. B. L. Martz, director of the Lilly Laboratory for Clinical Research, Indianapolis, was the guest speaker on Scout Sunday at the East Lynn Christian Church, Anderson. Dr. Martz is a former member of that church.

Humane Association Offers New Booklet

The American Humane Association, Children's Division, has published a booklet "Termination of Parental Rights" to provide information on the subject and the legal complications which may ensue. The Division also sells books and booklets on the various aspects of child protection. For complete information and order blanks write the Division in care of P.O. Box 1266, Denver, Colorado 80201.

Speaks to Birth Control Group

Dr. R. J. Shelley, Indianapolis, treasurer of the Voluntary Sterilization Association of Indiana, spoke at Ball State University recently.

His talk was sponsored by Zero Population Growth of Muncie and ENACT, a college ecology group.

Dr. Griffith Promoted



Dr. Richard S. Griffith, Indianapolis, was recently promoted to senior clinical investigator by Eli Lilly and Company. He first became associated with Lilly in 1946 and has been concerned ever since with research and clinical investigation of antibiotics. He is associate professor of medicine at Indiana University School of Medicine.

Three on VD Program

Drs. Milton Bankoff, Robert Frost and King S. Jones, Michigan City, spoke at a YMCA Public Affairs Luncheon recently, citing statistical, biological and social facts pertaining to venereal disease as they relate to Michigan City's health records.

Pharmacy Technicians Course Instituted at Cincinnati

The University of Cincinnati is instituting a combined course to train pharmacy technicians. The Raymond Walters General and Technical College in cooperation with the College of Pharmacy and the Department of Pharmacy of the General Hospital will conduct the program starting in the spring quarter of 1972. Technicians will be trained to work under the supervision of pharmacists to perform tasks involved in the preparation, packaging and distribution of drugs in hospitals.

Society Notes Medical Heritage

Drs. Emmett Lamb and James W. Denny, Indianapolis, participated in a program on "The Medical Heritage of Irvington" for the Irvington Historical Society at Benton House recently.

Ulcer Pamphlet Offered

"Peptic Ulcer—The Quiet Epidemic" is the subject of Public Affairs Pamphlet No. 472. Written by a layman, Theodore Berland, for lay readers, it outlines in laymen's language the nature, symptoms, treatment and follow up for the peptic ulcer. The booklet sells for 25 cents, with discounts for quantities. Write Public Affairs Pamphlets, 381 Park Ave. South, New York City 10016.

Dr. Luzadder Retires

Dr. John E. Luzadder, who had maintained a practice at New Carlisle from the time of completing his internship at South Bend Memorial in 1932, has retired. A past president of the Tri-County Medical Association, Dr. Luzadder and his wife plan to make their home at Long Beach, Mich.

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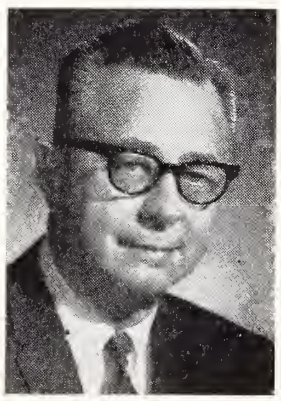
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Medical Library, Educational Programs Provided by Fund

A library and educational trust fund has been established in Richmond by Mrs. Mildred B. Dreyer in memory of her late husband, Dr. Ralph W. Dreyer.

A gift to the trust by Mrs. Dreyer has been made to provide text and reference books for a multi-discipline medical library at Reid Memorial Hospital. In addition, it will assist in establishing educational programs related to medicine and community health in the Richmond area.

The first program was presented on April 13 and concerned emergency care and transportation of critically sick or injured persons. Several distinguished visitors were assisted by local persons and officials in discussing and demonstrating methods and equipment required for such emergency work.



Dr. Dreyer was director of medical education at Reid Memorial Hospital prior to his death in the fall of 1970. He had served as a doctor and industrial physician in Richmond for 15 years, previously having practiced medicine in Knightstown. A native of Sunman and a graduate of the University of Louisville School of Medicine, he served as coroner of Henry County while at Knightstown and later coroner of Wayne County, holding this position for several years.

Mrs. Dreyer said her husband had expressed interest in the creation of a medical library at the hospital for some time prior to his death. This gift to the trust by his widow is designed to fulfill that wish.

An administrative committee will be in charge of the selection of materials and organization of the programs. The committee consists of Dr. John D. Stepleton, chairman; George Reller, representing the Board of Trustees of Reid Memorial; Dr. Kenneth Woodman, a member of the Medical Society; Mrs. Bert Keller, representing the Richmond Community; Mr. Kenneth Spoon, Executive Director, Reid Memorial Hospital. Mrs. Dreyer is the sixth member of the committee.

The fund, known as the Whitewater Scientific and Educational Fund has been established as an open-end fund. The Wayne-Union County Medical Society and the Administration of Reid Memorial Hospital have pledged yearly contributions to the fund: and numerous contributions have already been made by individuals. The First National Bank of Richmond will serve as trustee for the trust.

Named Honorary Chairman

Dr. Raymond J. O'Brien, Michigan City, served as co-chairman for a wheelchair basketball game at Michigan City recently.

Dr. O'Brien serves on boards of the Sheltered Workshop, Therapy Center and United Fund and serves as a consultant for special education students at Mulen School.

WANTED: Help in Identification Of Two Wisconsin Murder Victims

Information regarding unidentified white male (age 19 to 30) who had been shot and body partially burned. About 6 feet tall and 160 lbs. Light blond hair. Poor eyesight and wore contact lenses. 14 cm. upper abdominal midline scar with blueish suture marks. BILATERAL CLAW FEET—"lobster claw" type.

The body of this man along with the body of another young white male, also shot and burned, was recently found in Iowa County, Wisconsin. The second subject had med. brown hair, brown eyes, weight approx. 140 lbs. height approx. 5′ 4″. Probable date of death 1-22-72.

Any information to help establish the identity of these young men would be appreciated.

Write or call W. D. Hamlin, M.D., Iowa County Coroner, Mineral Point, Wisconsin 53565. Phone-608-987-3212. Or: Sheriff Whitford, Dodgeville, Wis. Phone-608-935-3314.

W. D. HAMLIN, M.D.
Iowa County Coroner
Mineral Point, Wisconsin 53565

Serves on Building Committee

Dr. John Forchetti, Valparaiso, was a member of the building committee for the new Westchester YMCA building at Valparaiso recently.

County Health Officers Named

Dr. Max L. Fields, Monticello, is the new White County Health Officer.

Dr. J. W. Strayer, Lafayette, has been appointed Tippecanoe County physician, and **Dr. Robert W. Vermilya, Lafayette,** was appointed to the county health board.

Dr. David G. Jones, Anderson, has been named to a four-year term on the Madison County health board.

Dr. John Harvey, Auburn, has been appointed DeKalb county physician.

The St. Joseph County Commissioners have appointed **Dr. Robert C. Speybroeck, South Bend,** health officer for the county. He was named to complete the remaining three years of the four-year term of **Dr. Louis E. How** who resigned after serving 10 years.

Dr. William R. Thompson has been renamed Pulaski County health officer, and **Dr. H. J. Halleck** was renamed physician to the county home. Both are of Winamac.

Huntington County Commissioners recently named **Dr. Stanton E. Cope, Huntington,** county physician.

On Sickle Cell Anemia Program

Dr. Wei-Ping Loh, Gary, scientific director and chairman of the research and medical committee for the Indiana Sickle Cell Foundation, was one of the speakers at a recent dinner sponsored by the Foundation in Gary.

Announce Pathologists Annual Seminar for May 20

The Indiana Association of Pathologists annual seminar will be held at the Veterans Administration Hospital, 1481 West Tenth Street, Indianapolis, on Saturday, May 20, at 9:00 A.M.

The subject will be: "Anatomical and Functional Pathology of Endocrine Organs."

Moderating the seminar will be: Merle A. Legg, M.D., New England Deaconess Hospital.

The fee for reservations and microscopic slides (diagnosis and discussion) is $25.00. Reservations may be sent to Dr. Victor H. Muller, Secretary, Indiana Association of Pathologists, 2128 North Meridian Street, Indianapolis 46202.

Thoracic Society to Meet May 9

The Indiana Thoracic Society will have its annual meeting on Tuesday, May 9, 1972, at the Atkinson Hotel, Indianapolis, Indiana.

The business meeting will start at 10:30 A.M. There will be a luncheon speaker at 12:00 Noon, followed by a reactor panel on the subject of "Research in Medical Education."

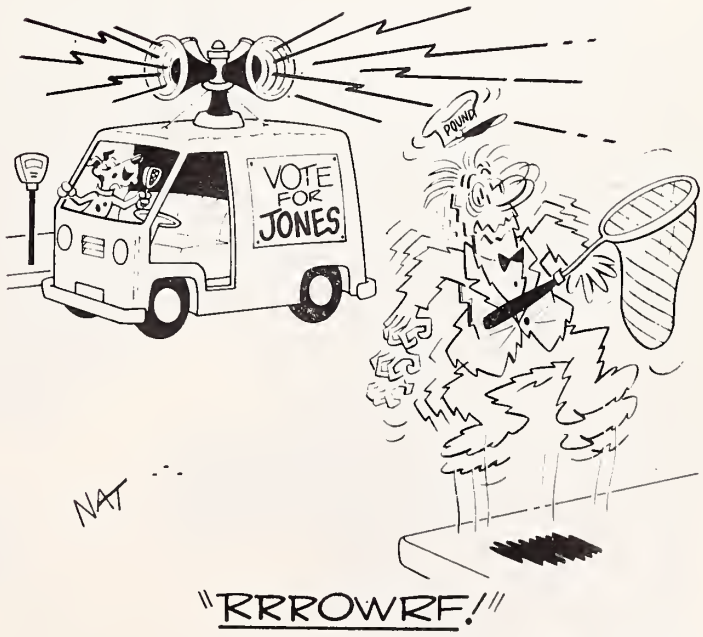
Symposium on Arthritis Set for May 24 at Indianapolis

On May 24, 1972 the "Fred H. Priebe Memorial Symposium on Arthritis" will be held at the I.U. School of Medicine, Indianapolis. The program is co-sponsored by the Indiana Chapter of the Arthritis Foundation. There will be two sections—one for allied health personnel and one for the physicians. In the afternoon there will be a joint panel to discuss the "Comprehensive Care of the Arthritic."

Guest faculty will be John L. Decker, M.D., Chief of the Arthritis and Rheumatism Branch of the National Institute of Arthritis and Metabolic Diseases, Bethesda, Md., and Robert H. Jebson, M.D., Professor and Director, Physical Medicine and Rehabilitation, University of Cincinnati Medical Center.

The program is directed by Dr. Edward R. Gabovitch and is approved for 6 prescribed hours credit by the American Academy of Family Physicians. The cost will be $35 for physicians and $10 for allied health people.

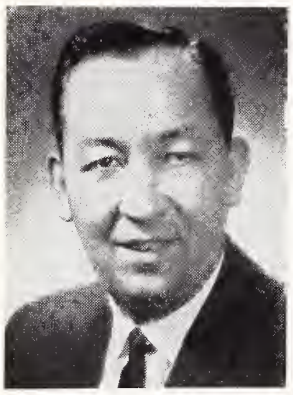
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Past President of ISMA I.U. Trustee Candidate

Joseph M. Black, M.D., Seymour, past president of the Indiana State Medical Association, is a candidate for Indiana University's Board of Trustees.



In announcing his bid for the office, Doctor Black urged his many associates in the medical profession throughout Indiana, their wives and friends, to mark their ballots in his behalf.

Currently chairman of the Board of Indiana Blue Shield, Doctor Black is also a past president of the I.U. Alumni Association.

Prior to receiving his M.D. degree from I.U., Doctor Black was awarded an A.B. degree in Chemistry in 1941. His activities at I.U., while a student, comprise a lengthy list, including participation in athletics and academic societies. He has also held membership on the I.U. Athletic Board. His children are fourth generation I.U. students—two daughters having graduated and a son currently attending.

As a practicing physician his career has included a steadfast dedication to organized medicine, which culminated in his selection as state president. He's been active in his county medical society and various committees and commissions of the ISMA.

Doctor Black has also served on a variety of state committees through appointment by Indiana Governors and, because of his interest in education, has been named by the Queen of England to the Royal Academy of Health.

His community activities have included participation in the local Boys Club and Youth Foundation and the board of the Seymour School Holding Corporation. He has been active in the Seymour and Indiana State Chambers of Commerce, a number of civic and fraternal organizations and is a member of the American Legion.

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Pre-Sate®
(chlorphentermine HCl)

CAUTION: Federal law prohibits dispensing without prescription.

Indications: Pre-Sate (chlorphentermine hydrochloride) is indicated in exogenous obesity, as a short term (*i.e.*, several weeks) adjunct in a regimen of weight reduction based upon caloric restriction.

Contraindications: Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states. Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias. The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

Warnings: When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexigenic effect; discontinue the drug. Tolerance to the anorectic effect may develop. Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants. There have been reports of pulmonary hypertension in patients who received related drugs.

Drug Dependence: Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended. In long-term controlled studies with high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.

Usage In Pregnancy: The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended. Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.

Usage In Children: Not recommended for use in children under 12 years of age.

Precautions: In patients with diabetes mellitus there may be alteration of insulin requirements due to dietary restrictions and weight loss. Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction. In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug. Psychologic disturbances have been reported in patients who concomitantly receive an anorexic agent and a restrictive dietary regimen.

Adverse Reactions: Central Nervous System: When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

Dosage and Administration: The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

Overdosage: Manifestations: Restlessness, confusion, assaultiveness, hallucinations, panic states, and hyperpyrexia may be manifestations of acute intoxication with anorectic agents. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management: Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

How Supplied: Each Pre-Sate (chlorphentermine hydrochloride) tablet contains the equivalent of 65 mg chlorphentermine base; bottles of 100 and 1000 tablets.

Full information available on request.

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Not a controlled drug under the Comprehensive Drug Abuse Prevention and Control Act

- low potential for abuse
- less CNS stimulation than with d-amphetamine or phenmetrazine

Effective anorectic adjunct to your program of caloric restriction and diet re-education

- weight loss comparable to d-amphetamine and phenmetrazine, superior to placebo
- convenient one-a-day dosage

PR-GP-21-B/W

Pre-Sate® (chlorphentermine HCl)...the increasingly practical appetite suppressant



When you select this familiar antibiotic for IV infusion you have available a broad dosage range that hospitalized patients may need.

Intravenous Lincocin (lincomycin hydrochloride, Upjohn), with its 1.2 to 8 grams/day dosage range, covers many serious and even life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Lincocin IV therefore can be as useful in your hospitalized patients as its IM use has proved to be in your office patients. As with all antibiotics, *in vitro* susceptibility studies should be performed.

1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25—30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

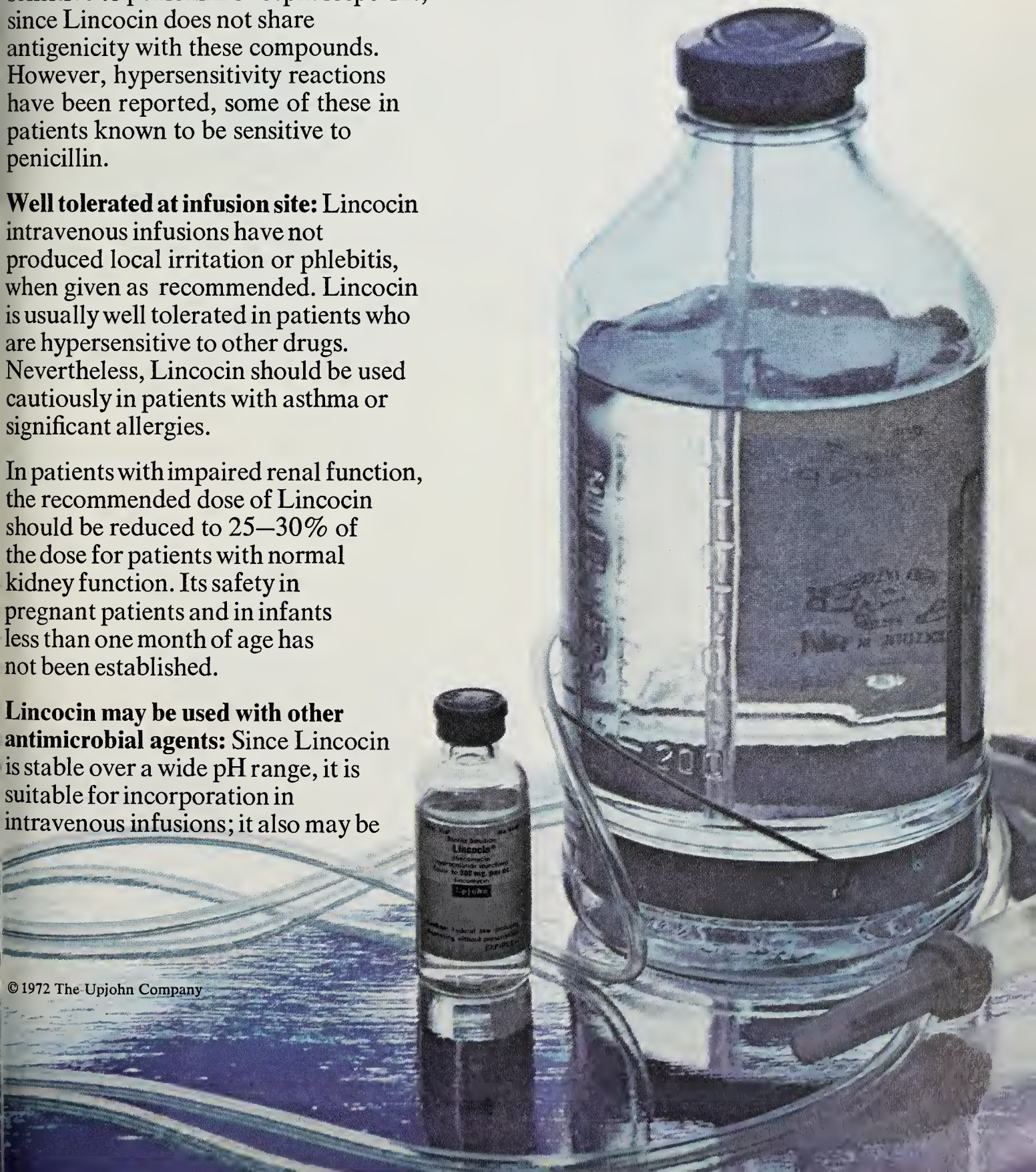
Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

Lincocin®

Sterile Solution (300 mg per ml)

(lincomycin hydrochloride, Upjohn)

For further prescribing information, please see following page.



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Sterile Solution (300 mg. per ml.)

Lincocin®

(lincomycin hydrochloride, Upjohn)

Up to 8 grams per day by IV infusion for hospitalized patients with life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

Each preparation contains:	Lincomycin hydrochloride monohydrate equivalent to lincomycin base
250 mg Pediatric Capsule	250 mg
500 mg Capsule	500 mg
*Sterile Solution per 1 ml	300 mg
Syrup per 5 ml	250 mg

*Contains also: Benzyl Alcohol 9 mg; and, Water for Injection—q.s.

Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reaction*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

HOW SUPPLIED: *250 mg* and *500 mg* Capsules—bottles of 24 and 100. *Sterile Solution, 300 mg per ml*—2 and 10 ml vials and 2 ml syringe. *Syrup, 250 mg per 5 ml*—60 ml and pint bottles.

For additional product information, consult the package insert or see your Upjohn representative.

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Association News

BOARD OF TRUSTEES

January 9, 1972

The Board of Trustees of Indiana State Medical Association met at 8:30 a.m. in the Headquarters Office of the Association on Sunday, January 9, 1972, with Dr. Joe Dukes, chairman, presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Joe Dukes	Present
3	Eli Goodman	Present
4	Jack E. Shields	Present
5	Wilbert McIntosh	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
	Dwight W. Schuster	Present
8	Richard G. Ingram	Present
9	Wm. M. Sholty	Present
10	Vincent J. Santare	Present
11	Lowell J. Hillis	Absent
12	Wm. R. Clark	Absent
13	G. Beach Gattman	Present

District	Alternate	
1	Raymond N. Newnum	Absent
2	Betty Dukes	Absent
3	Thomas Neathamer	Present
4	Howard C. Jackson	Absent
5	C. M. Schauwecker	Present
7	Joseph F. Ferrara	Present
	Joseph C. Kerlin	Absent
8	Robert D. Williams	Absent
9	Max N. Hoffman	Present
10	Thomas C. Tyrrell	Present
11	James A. Harshman	Present
12	Walter D. Griest	Absent
13	Donald S. Chamberlain	Present

Officers:

Peter R. Petrich	Present
James H. Gosman	Present
Lester H. Hoyt	Present
Hugh K. Thatcher, Jr.	Present
Frank B. Ramsey	Present

Executive Committee:

Donald M. Kerr	Present
Wilbert McIntosh	Present

Guests:

Don E. Wood	Present
Eugene F. Senseny	Present
Joe M. Black	Present
K. O. Neumann	Present
Eugene Rifner	Present
M. O. Scamahorn	Present
Maurice Glock	Present
Fred Smith, Jr.	Absent
John E. Freed, Jr.	Absent

Staff:

Howard Grindstaff	Present
John L. Walters	Present
Kenneth W. Bush	Present
Jas. A. Waggener	Present

MINUTES OF MEETINGS HELD OCTOBER 11, 12, 13 and 14, 1971, were approved on motion of Dr. Gosman and a second by Dr. McIntosh.

MINUTES OF MEETING HELD NOVEMBER 13, 1971, were approved, as printed, on motion of Dr. Gosman and Dr. McIntosh.

DR. DUKES: Gentlemen, the AMA Socio-Economic Conference is to be held in Ft. Lauderdale, Florida, on April 6, 7, 8, 1972. I feel that this is a meeting which would be worthy of the attendance by this Board because if we are to find out what is going on and what we are facing, we should have this first-hand knowledge. I would suggest that we pick up the air fare of the trustee and a per-diem for his other expenses. I would also suggest that the alternate trustee could go at his own expense or at the expense of the association providing his trustee could not attend.

Upon motion of Dr. McIntosh and second by Dr. Goodman, it was voted that trustees could go at a flat rate of $300 to cover their air fare and other expenses and if the trustee could not go the alternate could go in his stead on the same basis. The motion was put to vote and carried.

DR. DUKES: We will now have the report of President Petrich.

DR. PETRICH: Good Morning. First I will bring a piece of information to you from the Executive Committee. This is a letter addressed to me and I don't know how many of you may have received it and it is from Blue Cross, Lee Cattell Jr., M.D., Medical Director of Blue Cross. It deals with the Federal Employee Program in Indiana and if you all have it, then I won't waste your time going over it.

DR. GOODMAN: I am probably one of the less cerebral people here but I got it and the letter said to read this and understand this so you could tell all of your people about it. And then I got to this long thing that lists a bunch of diagnosis and over on one side it said something about operators and over on the other side it said something about non-operated and then it is sub-divided into single diagnosis and multi-diagnosis and I thought I was figuring this thing out in so many ways and such and such a situation. But then without completely figuring it out, maybe you can clarify it. I thought I saw a few places where the allowance of the number of days was zero and that completely threw me.

DR. PETRICH: Yes it does, you are no longer going to be paid for certain things that you have been paid for before. That is one of the big important parts about this because, as you all know, every time anything like this has happened, the hospitals and the insurance companies and people who buy the insurance have not come in for criticism but it has been the doctor who comes in for the criticism because he didn't fill out the papers properly. Or because you didn't do this right, or you did that wrong or whatever, or you did nothing, or you did too much and consequently I think the onus of the payment is going to come back and be barbed at us. I think it is important that we have this information and distribute it to the membership at large, if has not already been done. They are not taking in enough money to pay the cost of operation and they are looking for some way to cut their costs and the way they are going to do it is to eliminate a great many of the things that formerly were paid for and the doctor is going to get the blame. They are using a lot of these guidelines and arbitrary figures and excluding other things and limiting certain provisions.

I would like to see some sort of a statement that we should make a comment to our membership at large that this is happening before our members handle the federal employee program so that they can say: Now look, this whole program is changing and this may not pay for it and so on, you know. It gives the doctors at least knowledge beforehand to circumvent any possible complications with his patients later.

The matter was further discussed by Dr. Harshman, Dr. Wilhelmus, Dr. Hoyt, Dr. Petrich.

DR. DUKES: Well supposing we have Dr. Harshman and Dr. Hoyt keep in touch on this matter and report back to this board at its next meeting.

DR. PETRICH: We have just been given a tentative schedule for our annual meeting in October. The committee made a tour of the new convention center, which is superb. In looking at this chart you can see we are not going to be spread out all over town. The exhibit area is a large area and we have five rooms for meetings of Reference Committees, the banquet room and the reception room and these sections will meet in the upstairs portion of the convention center.

Dr. Petrich went ahead to explain the details of the program for the fall meeting.

We have one additional problem which has to do with the House of Delegates ac-

tivities. In the Constitution and Bylaws it very specifically states that we have to have the election of officers as the first item of business on the last day of the annual meeting. Now the last day of the annual meeting, according to plans, is on Wednesday and we hope to finish by Noon or 1:00 o'clock with the business of the House of Delegates, so Dr. Hoyt has consented to investigate to think over any possible way that we can get by this year so that we can make changes necessary so that it reads "on the last session of the House of Delegates." It is planned to have the nominations for the offices at the first meeting of the House and then have the final meeting of the House solely for casting the ballots and the election.

I would like to report to you that the Commission on Legislation is working very hard as there are a great many bills in this session that pertain to medicine and I want to assure you that you are being adequately represented down there before the various committees of the House and Senate.

The Commission on Medical Education and Licensure is planning four meetings at the regional level for a discussion involving the Medical Practice Act.

They recently had their seminar, which Dr. Gosman will report on to you later. The preceptor program is proceeding right along without too many hitches and Wednesday there was a meeting of University people in Fort Wayne to establish a program for training physician's assistants on a pilot basis.

The Commission on Medical Economics and Insurance and the Commission on Governmental Medical Services met cojointly for a discussion of the problem on reviewing insurance claims. For about a year, or a little over, there has been a committee to review medical cases and it is composed of representatives from the Medical Economics and Insurance Commission, the Commission on Governmental Medical Services and the Blue Shield Board.

At the recent meeting of these commissions, they have proposed that we change the structure of this claim review committee to three members from each of the two commissions and any claims review which was done, they would establish a pattern where we would charge $10 for the overhead cost, postage, telephone service. clerical help, etc., for claims review and would serve to be the adjudication review committee for Champus and any cases regarding medical claims in which the medical society did not or could not make a decision. I bring this to you for your attention and discussion and/or whatever action you would like to take regarding same. We have had a committee, in fact for over a year, and they have done some claim review work without compensation.

The matter was further discussed by Dr. Petrich and Dr. Ingram.

DR. SCHUSTER: Mr. Chairman, it seems to me that none of us has had evidently enough knowledge to be really able to say yes or no to this proposal. I would suggest therefore that we need a little more time to review this proposition and have some one to tell us more about it.

The matter was further discussed by several.

DR. INGRAM: This would actually be establishing a committee to review for third party, at their request, not the request of the physician, and on that basis I move that we do not establish a continuing committee.

CHAIRMAN: The motion was seconded by Dr. Inlow. Any further discussion?

DR. SANTARE: Yes, I move that we table it. I think we need more thought. I am sure there are a number of things in here, and I can't piece it out from the minutes of the Commission, as to whether this is a good thing or a bad thing, so I would recommend tabling it until the next meeting of the Board of Trustees.

DR. DUKES: Tabling motion takes precedent over anything else. All those in favor say "aye"; opposed, the same sign; the motion to table carries.

DR. PETRICH: I will report that the Governmental Medical Services Commission has also met with Mr. Mesterharm of the State Department of Public Welfare. Mr. Mesterharm made a tentative proposal dealing with pre-hospital and in-hospital review which would do away with some administrative problems and hopefully reduce costs. The PAS experience would be utilized and the Commission would establish a review mechanism for the State Department of Welfare and a fee of approximately $10 would be allowed for each hospital admission certification under the government program. Also, review of the cases after admission would be in order and this would be a $2.00 per review fee plus start-up cost to establish this review committee, commission, mechanism, or whatever you want to call it. We would be reimbursed by the Department of Public Welfare and other factors involved would be on a sliding scale, depending upon the number of admissions and also the efficiency of the review board would be considered. There was a great deal of discussion with the Commission. There was some interest in controlling the cost, etc., as it would be natural for them to make and instruct Mr. Mesterharm to draw up a specific proposal and guidelines and return to the Commission with this proposal.

Now we are talking about limiting this to a specific area, the Welfare, Medicaid type of recipient. This has already been done in Illinios and other states. Any one have any comments here, or do you want to wait until they have specific proposals so we can study them?

The Commission on Medical Economics and Insurance has reviewed their previous problems, such as liability insurance, automobile insurance, on a group basis. As I said, they met with the Commission on Governmental Services with that proposal and the chairman is going to continue studying these current problems generally regarding service and membership.

The Future Planning Committee is going to meet next Sunday, as are several others of our commissions. Dr. Wilhelmus, would you like to briefly point out the report of the Committee on Sports and Medicine, which was an excellent meeting and very well attended.

DR. WILHELMUS: I think we had 90% attendance at the meeting. Brad Bomba is the chairman of it and brought forth several good ideas. The commission would like a representative of the Indiana High School Athletic Association as a member of our committee because we are dealing with sports and sports injuries and we feel that we should have a little outside help.

DR. PETRICH: I think I will appoint an ex-officio member if that is agreeable with everybody.

DR. WILHELMUS: The Indiana High School Athletic Association is willing to cooperate with us and is talking about some physicians on the board's committees of their association.

DR. PETRICH: The Emergency Medical Commission met and had a rather long discussion and Dr. Schauwecker is here and he is chairman of that commission. He is planning a meeting for January 23rd. The meeting will deal with the discussion of the helicopter emergency rescue and how efficient, effective, and physically sound they are and so on. So, in order to find out, he has invited a tremendous number of people from organizations to meet here with this commission on that date. The topic of discussion is: "Are Helicopters Worth a Damn?" The Public Information Commission met with a rather sparse attendance but they are really an industrious sort of people and they have a proposal. I would like Mr. Bush to review their proposal for the information of the Board.

MR. BUSH: We are talking about the

publication of a Physician's Liability In Patient Care booklet and the idea of this booklet came from the state of Illinois which has already developed such a booklet and distributed it to the members of their association. Involved in this booklet is information such as "What a Physician Should Do When Threatened With a Suit, a Libel Suit, Liability for Acts of Others the Good Samaritan Law Information," and such information as "Handling Psychiatric Cases." In the back of this booklet they have a whole list of consent and agreement forms which very often we get requests for in this office. It is really loaded with practical information that a physician can use in his office as a ready reference guide. We have figured out the cost for publication of such a booklet would be around $2,000. We feel it would be a worthwhile thing and we want to get it published, as we feel that it would serve a worthwhile purpose as a permanent guide for the doctors of Indiana and would demonstrate to them a bit of realistic material which they are getting from their association. That $2,000 is an outside figure, the reason I say that is that I can pick up a lot of this information from the Illinois State Medical Society and it would drop in half or even down to three quarters the cost.

DR. SCHUSTER: I think this is very worthwhile. My question is, could this expense come out of the Medical Defense fund?

DR. DUKES: I don't see why you couldn't be getting this together—the odds and ends as things go along the routine business here—and you get the material and think about putting it together in one piece and see what it would cost. No real rush on this type of thing, I would think, and that is my comment. Any other comments?

DR. WILHELMUS: I am very much in favor of this and I would like to make a motion that the Commission be given the authority to go ahead and obtain the information and try to get it together and come up with some concrete cost figures.

The motion was discussed by Dr. Harshman, Dr. Dukes and Dr. Neumann.

DR. PETRICH: I will second Dr. Wilhelmus' motion.

DR. DUKES: Do we understand now that they are to do this and then come back to the board with a definite figure? Perhaps, Dr. Wilhelmus, you should restate your motion.

DR. WILHELMUS: I move that we encourage them to go ahead and obtain the information to be desired to publish this manual or put it in the ISMA *Journal* and to come up with $600 or whatever is in the budget to obtain this publication.

DR. DUKES: Do you mean $500?

DR. MCINTOSH: I will second the motion.

The motion was put to a vote and was carried.

DR. PETRICH: There was a second proposal from this group — the Question and Answer Bulletins for physicians' offices, you know the one has a slot for various kinds of information material. The cost for this would be for 1,000 display units $296.89 with $101 for each additional thousand and later costs would be reduced by $30 since the art work would have been completed for the first time around. If these were mailed out it would be quite expensive; so, in reviewing this, I thought this could be done by the fieldmen. They could hand carry these to the physicians who wanted them. This was also included in the proposed budget of $1800 for the commission for the year of '71.

DR. DUKES: What do you want to do about that?

DR. PETRICH: I would like to know whether there is some tentative approval to continue working on the idea or whether we should drop it.

The proposal was further discussed by Dr. Dukes, Dr. Petrich, Dr. McIntosh, Dr. Ingram.

DR. MCINTOSH: I move that we forget this proposal.

The motion was seconded by Dr. Ingram, put to vote and carried.

DR. DUKES: I think it is real important that Dr. Petrich has reported to us about the activities of the various commissions of our association, and I would like to encourage the members of the board to attend these meetings whenever possible. I hate to appoint certain people to go to certain commissions but I never know when you are available so any time any of you are available to go to any of these, please go.

The matter was further discussed concerning notification of members of the board and it was finally agreed that the headquarters office would send notices of the meetings, as well as minutes, with a return postcard, to all members of the Board of Trustees.

DR. DUKES: We will now have the report of the president-elect, Dr. Gosman.

DR. GOSMAN: Gentlemen, I can assure you that I am beginning to find out just what the position of president-elect entails and I can tell you that it takes a lot of time, as you gentlemen who have been through it know. I would like to encourage this discussion we have just had that the members of the Board attend the commissions' meetings. After all, as I look at it, the commissions are the president's right-hand people and they are the Board's right-hand people, as you can see by these reports. They are meeting this year and are doing a lot of work so far. We need to encourage them to do this, so I would be all for it.

The student-faculty-ISMA meetings, were held the past two days out at the Fatima Retreat House and the part of it I got to attend I was terribly impressed. Dr. Egger and his group have done a real fine job this year and the attendance was excellent. I think it was pretty well divided by thirds as to faculty, students. What do you have to say about it, Dr. Schuster?

DR. SCHUSTER: I thought it was very lacking of practicing physicians, very much dominated by students, and I was much disappointed in the presence of doctors in the group I was in. I was the only practicing physician out of 12 people.

DR. GOSMAN: I believe they recorded 16 practicing physicians there but at least I was impressed by the thing. I think the manner in which it was held, the way of solving problems, is something we should study and look into. I don't think, I don't know as to what all came out of the meeting as yet, but we will receive a report on this and from it we can take some action. I was impressed by the involvement of the students and their thoughts and thinking and I would like to refer to Dr. Schuster for some additional remarks on this same subject.

DR. SCHUSTER: I thought it was very interesting. In writing my comments on it I told them I wanted to reserve a little time to give some thought as to the validity of this approach, this manner of presenting ideas. It may or may not be valid but I thought that 50% made or came out were totally irrelevant or radical and represent free thinking of the students. I think it served the purpose of letting them ventilate a lot but, if they are going to revise this thing in six months, I think it would be well for us to consider at that time a little more about the value of it.

DR. GOSMAN: The Pediatric Nurses Training Program at Methodist Hospital just graduated nine pediatric nurses. I just wanted to report that, of the girls in the program, all but one have a job. Four of them are going out in the family practice field, four are going out in pediatrics and everyone has felt the program was excellent. There was one girl who had an extended program similar to this somewhere else and she said that her previous program in no way compared with the excellence of this particular program. The next class begins this month.

I also received a letter from the Meth-

odist Hospital in which there is a meeting at the Airport Sheraton Inn on Planning Graduate Medical Education in Indiana. I noticed here that Norm Wilson, Tom Eggers from South Bend, and Franklin Bryan from Ft. Wayne, Dr. Polson from Muncie, Wagner from Lafayette, Crockett from Terre Haute, Tom Spain from Evansville, Dr. Beering from Indiana University, Ron Blankenbaker from Methodist, Paul Morgan from St. Vincents, William Young from General, George Parker from Community and Bob Robinson from Bloomington are going to attend this and the objective is to develop a program to retain and attract adequate physicians for practice teaching and research. A mechanism of education and research for the program in the state of Indiana. I give you this simply for information.

Also, I received a letter from Dr. Cattell, as did Pete and others, stating that there would be a full time salaried physician as Assistant Medical Director of Blue Cross available. My letter states that they would like this gentleman to be centrally located here in Indianapolis or, as a matter of fact, residence here is necessary.

The American Cancer Society, as you remember last year, I reported to you that they hope to set up a telephone system information service on Cancer to be available to physicians in this state. This is about ready to go forth. It was initiated by an extensive survey in Indiana which revealed that Indiana physicians are interested in the utilization and a variety of methods to keep current and to augment their knowledge of the latest diagnostic and therapeutic concept of care of the cancer patient. At this time they are simply requesting the use of our mailing list in order to mail this out to physicians in Indiana. This will cost the State Medical Association nothing.

I also appeared before the joint legislative session of the House and Senate on this detergent and phosphate business and there was some confusion as to our position when I left, simply due to the fact that I was one of the last to be called after a long and arduous afternoon. Secondly, I was interviewed by Senator Mills, who was opposed to the amendment which would strike out the present bill and extend the effective date for another two years. The present bill reads that there would be a reduction in phosphates this year and further reduction next year. To make this perfectly clear, we have written a letter which will go to them because there may still be misinformation throughout the state and I would like to read this letter.

Dr. Gosman then read the copy of the letter which is supposed to be sent to the members of the committee.

DR. GOSMAN: I hope this clarifies any misinformation.

I would like to report, as you have requested me to do, on the Indiana Regional Medical Program. I have put some handouts before you and for those who did not get one, we still have some additional copies here. Following a regular site visit in October 1971, Indiana Regional Medical Program received notification as of December 8th that their request for funds had been recommended at a level of a million and one tenth dollars by the site team representing the National Advisory Council to the Health, Education, and Welfare Department.

Because of the said federal budget there are curtailments pending and requests for these funds at the national level in Indiana were granted $461,365 on December 8th for the calendar year 1972. If this amount is released by the Bureau of the Budget, an additional $125,000 would be forthcoming.

The areas of concern by the National Advisory Council about Indiana's participation are: (1) insufficient progress in the areas of planning and evaluation, (2) specific local and state priorities should be designated around the new data base, (3) Regional Medical Programs should be spread more throughout the state in related local action (4) our Regional Medical Program efforts should be cooperative with Comprehensive Health Planning, (5) steps should be larger and more diverse to aid planning and evaluation, (6) the Regional Medical Program should be involved in the development of health programs for the state. The national report indicated that Indiana's Regional Medical Program had made progress since December of 1970. The development of a new data base never before available was well received and is widely being distributed and used around the state as a method of establishing in areas of health care priorities that a professional can provide.

Without efforts to change delivery assistance this data can be used to enable the local county or hospital medical staff to identify factual information relating to incidence, disease, the cause of productive years loss, the causes of death upon aspects of health recently available to our state. A copy of this summarization is attached. The method for attaining it is available through sub-regionalization. The Indiana Regional Medical Program will offer help to do this at a local level and ask for a specific health care priority identification and needs in return. Dr. Wagner of Lafayette and Dr. Goodman of Charlestown have found this of great interest. Recent meetings with the Comprehensive Health Planning and A & B agencies and other voluntary agencies, Indiana Heart and TB, have been held. Agreements to work cooperatively in meeting our needs have been secured. The Bylaws of the Indiana Regional Medical Program have been rewritten and specified activities within the context of specific requests made by me at their annual meeting in August of 1971. The Indiana Regional Medical Program must use its funds for a combination of progress and study. This must also be coordinated with other state agencies and activities. A thorough discussion of the activities funded by the Indiana RMP was published in the November issue of the Indiana State Medical *Journal*. This geographically shows the impact of efforts throughout our state. Federal funds always aid in the development of specific projects but they are also limited to specific purposes for which they are awarded. These monies rarely cover all the costs of projects. They may not be used to support a basic and continuing program. RMP is developing ways and maintaining these basic programs that have been developed after they have been proven. At the same time we feel that money at the grass roots level can be more helpful in aiding the medical profession in these programs.

DR. GOODMAN: The Indiana RMP program was very helpful in my area by providing some funding and expertise and they helped us considerably in the matter of coordinating with other public and voluntary health agencies so that we were able to, I thought, arrive at a truly widely joint cooperative effort to make a really thorough study in our area.

DR. GOSMAN: The financing, of course, has been curtailed and cut back considerably, as you can see by the report. As you can also see, you wonder immediately about the administrative cost and yet at the same time the National Advisory Group recommends that the corps of people doing the job is not large enough. They need more and as you can see the amount of money allocated needs separate funding and has been curtailed and cut back. A lot of these projects are now at the terminal stage. They cannot be carried on and on and so they are being cut back and refunded. What the future of the Regional Medical Program will be in Indiana, I don't think any of us can sit on this Board and tell at this time. As I told you last year, when I suggested that we not withdraw our involvement, I felt what is happening and looks like at this point is, the program is dying because as you can see by my report, we are to engage in closer cooperation with Comprehensive Health and be more or less a

Medical Advisory Agency to this group.

This ends my report. Thanks.

The matter was further discussed with Dr. Goodman elaborating on the program in his particular area.

DR. DUKES: We will now have the treasurer's report.

DR. HOYT: Dr. Hoyt detailed the printed material covering the treasurer's report which was approved on motion of Dr. Hoyt and a second by Dr. McIntosh.

DR. DUKES: We will now hear Editor Ramsey.

DR. RAMSEY: *The Journal* is supposed to run on a definite budget and in my opinion it is a little overdone on that score. I think we can reduce our deficit a little as we go along. In the December issue there were a lot of mandatory minutes and convention reports which normally must be included in the December issue. In the forthcoming issues I believe we can reduce in size and get our debt down to a little more reasonable proportion.

Dr. Ramsey was complimented for improvement he has made in *The Journal* and for the wonderful job he is doing as editor.

DR. DUKES: We will now hear from the executive secretary.

REPORT OF THE EXECUTIVE SECRETARY TO THE BOARD OF TRUSTEES AT THEIR MEETING HELD JANUARY 9, 1972

Mr. Chairman, and members of the Board, in response to the recent action of this Board in which you requested the Executive Secretary to make a report, you have before you my annual report to the House of Delegates which was referred to this Board for implementation. Therefore, I would like just to highlight some of the matters which I discussed in my report to the House.

Legislation. Up until the year 1972 we had a session of the Legislature lasting 60 working days in odd numbered years. The voters approved a constitutional amendment so as to hold an annual session of 30 working days in the even numbered years.

This year marks the beginning of the 30-day sessions. Some of you may not know how the state legislature operates. In the past it has been customary for organizations or individuals to write a bill and then solicit some member of the legislature to introduce the bill. You would then hand this bill to the member who would take it to the Legislative Bureau and have it checked for constitutionality and jacketed and numbered. When the legislature convened each legislator was permitted to introduce "x" number of bills per day and these were referred to committees of the House or Senate who held public hearings on them and then reported them to the floor of the Senate or House with recommendations that the bill do pass, do pass as amended, or they would kill the bill in committee by not reporting it out on the floor. There were many times when a bill, as originally introduced, was stripped entirely of its contents in committees and another bill inserted which means that you had to be on the constant alert to review all bills and constantly watch the action of the committees as well as the floor of the House and Senate to be sure that something was not slipped in that would be harmful to the medical profession.

The 1972 session is an entirely different ball game. The legislature of '71 created a Legislative Council which is a rather all-powerful agency that rewrites all bills, numbers them, and sometimes even selects the members of the legislature who will introduce them, which means that we have a 12 month per year working force working on bills for the legislative session. This year, bills were numbered and referred to committees early in November although the legislative sessions of the House will not begin until January 11th. Bills introduced in November and December have already been referred to various committees of the House and Senate and some of these committees have already held public hearings on these bills and taken action as to their disposition, even prior to the date of the beginning of the session on January 11th.

For example, Representative Lapar, the chiropractor, has reintroduced the bill to permit chiropractors to handle Workman's Compensation cases. In the 1971 session his bill provided that the employer would furnish the doctor for the first 60 days of treatment and if the employee was dissatisfied with this doctor he had a right, after 60 days, to choose his own and in choosing his own, demand the services of a chiropractor. The present bill provides that the employer must furnish a chiropractor in the beginning, if that is the wish of the employee.

This bill has already been heard in committee and, through manipulation by Mr. Lapar, the committee has voted to recommend this bill out to the floor of the House with a do pass.

This means, of course, that if we are interested in defeating this particular legislation we must contact the family physician of every member of the House and get him to urge his representative in the House to vote against this bill on the floor.

To date your secretary has reviewed 412 bills in the current session that have something to do with health or the practice of medicine. I will predict at this time that the time is very short before we will have a full time professional year-around legislature in this state. This activity then raises the question as to what your association is going to do regarding covering the state legislature. Are we to continue to pull the field staff in and keep them in Indianapolis for the purpose of being on hand for all sessions of the state legislature? Or are we going to consider the employment of a professional individual whose full time would be spent in legislative and related activities. It would appear to me that if we are going to have annual sessions, the latter is going to be a necessity. But I feel that if we believe that the field services are fulfilling a vital function of communication with our membership and if our field service is doing the job it was intended to do, then it is unfair to pull these men in off of their regular routine visits to county societies, hospital staffs, and individual doctors for two or three months each year during the active society year and time of meetings.

It is unfortunate that as we discuss these things every one has a price tag on it. It would certainly be fine if we could talk about something that did not cost any money for a change but I am fearful that most of the things that we face are going to increase costs of operation.

The headquarters building is continuing to show increased activity for meetings of commissions, committees, specialty groups, etc. I feel that it is time the association should give serious consideration to the expansion of their headquarters facilities. It will not be long before a computer activity will be a part of our operation. It will not be long before we will need a larger space for meetings than we now have. It will not be long until even the kitchen the Auxiliary puts in will not handle the feeding situation of large groups that we have in the building. For example, we have had as many as six commission meetings in the building on the same day and we have fed 172 in a single day. I am sure that as the commissions and committees become more active and the leadership urges more and more responsibilities on these commissions, this tempo will continue to pick up. I do not try to envision that a building is necessary tomorrow but I do believe that we should look ahead a few years in the future and try to determine the needs that we are going to face in the way of facilities for housing and operating your association.

Recently it was announced by the military they plan to reduce the military physicians by 4,000 and lengthen the hours of duty to equal the average hours spent by civilian doctors. The announcement also stated they planned to discontinue the use of military doctors and hospitals for care and treatment of dependents of military personnel. Should this plan be carried out I can envision doubling our present Ochampus staff.

Public Relations. This is an important and integral part of any association and while we have limped along with a meager P.R. Program, we have never really sat down and determined what we should do in the way of a full blown public relations program. As I point out in my report, some of the suggestions in this particular area, and I might add that plans for some of these are already on the drawing board, or I should say in the blue print stage, it is going to cost us approximately $25,000 to launch such a program. I believe it is time that we decide to institute an organized P.R. campaign and discontinue our hit and miss attitude that we have had on this subject. Of course this costs money too.

The Journal. Some two or three years ago we decided to reduce the amount of dues allotted to the subscription income of the *Journal* at the rate of $2.00 per member, reducing the allocation from $8.00 to $6.00. This was done on the premise of two suppositions: (1) Hoping that the advertising income would increase to more or less offset any other loss of income, and (2) To attempt to bring the cost of publication of the *Journal* down to about the break-even point. The latter philosophy was arrived at by virtue of rumors of the Internal Revenue Service activity with respect to unrelated income of journals such as *The Journal* of the Indiana State Medical Association and convention income. Under the regulations there are some five different formulas which might be used in determining the unrelated income of the Journal. They are so detailed that I will not even attempt to go into them at this time. Your association has been visited by the Internal Revenue Service who has spent a few days in the office going over some of the records, and the books. I feel he is fishing for a determination of whether or not the *Journal* of the Indiana State Medical Association is liable for taxes under the unrelated income regulations of IRS. While it has been some six or eight weeks since he was here, we do not know at this time what he has decided, if anything; whether or not he feels that there is not sufficient business here to warrant a further investigation; or whether we will get a full blown audit sometime in the coming weeks or months.

For the year ending September 30, 1971, the *Journal* cost us an average of $10.00 per member to publish, not including the income from advertising.

Also, as most of you are well aware, the *Journal* for the last three months has been extremely late in being received by the members of this association. The September *Journal* was not received by many doctors until convention time; the October *Journal* was not delivered until sometime the middle of November; and the December *Journal* was not distributed until after the first of January. This not only makes our members unhappy but also makes our advertisers unhappy.

I have requested bids from two other publishers, one the Ovid Bell Press of Fulton, Mo., who publishes the Iowa, Missouri, Mississippi, Georgia, and Kansas Journals. I asked them to submit a bid on the November 1971 issue, which they did, and their bid is approximately $1300 more for publishing the November issue than we pay to our present printer. This next week I will have the price in from the printing firm in Louisville, Ky., who also prints several state journals.

The outfit in Fulton does a beautiful job of printing. They have a schedule which they assure us they could guarantee delivery of the *Journal* by not later than the 10th of the month of publication. So we have before us the question of whether or not we continue with our present operation, which is more economical, or whether we should look for another printer who will get the *Journal* out on time even if it costs us more money.

Manpower. With the increased activities at the Congressional level, the state legislative level, commissions and committees, and other outside organizations who are meeting actively to formulate plans for health care, it is requiring more and more of staff time. We feel it necessary to keep abreast of other organization's activities to determine what their ideas are, and what direction these other groups are taking in the areas of providing health care.

Your association's staff is spread just about as thin as it can be spread.

I believe that you sitting here on this Board and having acquaintanceship with what your association is doing are proud of its activities and its accomplishments. Nationally, the Indiana State Medical Association is looked upon as one of the leaders and foremost state associations. As you look around you and see the programs of other states, this Board of Trustees does not have to bow its head and feel that we are in second or less place in the nation as far as activities and accomplishments are concerned. This has come about because of the fine leadership that this association has had, because this Board of Trustees has had foresight enough to encourage its commissions and committees to carry on many projects and activities. All this has been done with perhaps one of the smallest staffs of any state association in existence in the nation today. As a result of a recent meeting of medical society executives, a study was made of ratio of employees to members of respective state associations and I would like to point out to you that the highest ratio of employees to membership is the state of Georgia, having a membership of 3800, a staff of 65 people, giving them an average of one staff person for each 58 members. The lowest is the state of Virginia with a membership of 3710 operating with a staff of 5 for an average of one employee for every 742 members. Indiana, based on 4,482 members, with 11 association staff people figures out one employee for each 408 members of this association. I believe the time is here when we should give some serious consideration to increasing the staff of this association. We could use two employees very easily, which I believe would give us an opportunity to do a better job, more efficiently and more expeditiously. I would like to see us consider employment of an individual who would deal with research and development; another who would handle legislation, government and public affairs. These individuals with these titles operating in the fields which their titles would indicate, could also help tremendously with the other commissions in helping to program and to provide research for these respective commissions.

I do not want to give you the impression that your present staff is not willing to work as many hours as are necessary to carry out these activities of the association. However, in this period of rapid transmittal of ideas and the incorporation of those ideas into the changing patterns of everyday life, and these other organizations gearing up every day to meet the challenges and enhance their own positions, the ISMA, in my belief, must recognize this and, of necessity, also gear up if we are to compete effectively. Our association must have the manpower, the knowledge, and the capability of delivering effective programs and plans.

Mr. Chairman, this concludes my report. Thank you.

DR. DUKES: Thank you, Jim, I think we should refer this to the Finance Committee for further study. All members of the Board should have a copy of his remarks for study.

DR. PETRICH: Due to the fact that

the Future Planning Committee is scheduled for a week from today, I would move that the two sections of the Executive Secretary's report, one dealing with the headquarters building and one dealing with staff, be referred to that committee for study next Sunday.

The motion was properly seconded, put to vote and carried.

CHAIRMAN: We will now hear Dr. Don Wood, Trustee of the AMA.

DR. WOOD: Mr. Chairman and members of the Board, your chairman has asked me to relate to you the story I told our official delegation about the operation of the Board of Trustees and he thought it would be of interest to you to know how your AMA Board of Trustees operates.

As you know, I have now attended about three sessions of the Board and my first session was an extreme eye opener. The way it started out, we have a committee titled "The Committee on Organization and Operation of the Board." Now this organization is composed of three members of the Board that are appointed annually by the chairman, within two weeks after the organization meeting of the Board. This committee recommends rules on governing of the organization, procedures of the Board, a format and an agenda. The committee convenes annually prior to the reorganization of the Board to consider appointments or discharge or reconstitution of the inter-board committees for recommendations to the Board. So there was some organization established before I went to the first meeting.

The next bit of information was that the Board operates on a committee base, major committee of the Board is the Finance Committee, and this is made up of four members of the Board and they review the annual budget for the association for presentation to the full Board. The budget which would provide an overview of the income and expenditures, allocations, the resources for short term and future programs of the association. New programs and projects, as they are incurred during the year and they review the internal checks and balances, the vouchers and revisions and procedures for a periodically in depth consultation annually with the staff, investment counselors, and the AMA investment portfolio. The week prior to the annual session, the committee of the House meets with this particular committee and all parties have to do with this and go over in detail the entire budget.

The Board is then divided up into four review committees. The Review Committees of the Board are appointed within two weeks of the annual meeting and the voting members of the Board, but they exclude the president, president-elect and chairman of the Board and of course the vice-president, so that actually it is the working members of the Board. The Speaker of the House of Delegates attends all meetings of the Review Committee with the right of discussion but he does not have the right to vote. Now these committees are known as Review Committees on Scientific Activities; the Review Committee on Medical-Legal Activities; the Committee on Health and Education and the Review Committee on Health Services. Each of these four committees is composed of three members and appointed by the chairman of the Board for one year. The term of office has a maximum length of service of three years.

They also have a committee on membership which is constituted by the chairman of the Board, and the chairman of the four review committees. We also have an executive committee of the Board, which operates like your executive committee does. Under that comes the Finance Committee and then the four Review Committees and then those members, the chairmen of the review committees make up the composition of the committee on membership. This committee really goes over all the appointments of the Council Committees and everything that has to do with the internal structure of the association. They have open hearings which last from one to two hours at which time any one is allowed to go in and discuss any proposal. After hearing all the witnesses and those who desire to appear before the committee, they go into executive session, that is the only committee that meets in executive session, other than one other committee which is the committee on Candidates for Election, which is in the federal field and has nothing really to do with the AMA organization itself.

You will be interested to know that this year all of the ISMA members of the AMA committees and councils were reappointed where they were entitled to be reappointed. We also have some new appointments which you would be interested in. Dr. Corcoran has been appointed to Health Manpower, which he wanted and which we were able to present his case well. We have Dr. Thomas Johnson in the Flying Physicians group who took Dr. Baxter's place on one of the major committees of the AMA. Dr. Gardiner has been appointed to the Joint Commission on Hospital Accreditation. Dr. Kenny Neumann was appointed to the Health Care and Financing Committee.

I think we have done well on committee appointments in the AMA for this first year of my experience.

Dr. Wood continued to explain other committees of the Board of Trustees and their function, pointing out that each of these committees meets two days before the meeting of the Board, has its own meeting with an agenda of matters for discussion and review and report to the Board at the regular meeting.

When these committees report to the full Board, the full Board also has a copy of the agenda so that they can follow through with all the recommendations and the opinions of the committees of the Board.

In addition to the activities of the committees, we are daily receiving telephone calls, communications from the AMA relating to the various aspects of these committees and policies of the AMA. We meet monthly, Wednesday through Sunday. You spend any spare time you have doing your home work preparing for these committee meetings of the Board.

Dr. Wood concluded by explaining a few of the matters to come before the forthcoming meeting of the Board of Trustees.

Dr. Wood then explained some of his thoughts regarding federal legislation and, upon motion duly made and seconded and carried, Dr. Wood was authorized to convey these same impressions to the Board of Trustees at their next meeting.

DR. WOOD: I will change my hat now and give you my report as Chairman of the Commission on Legislation.

Dr. Wood then reviewed the various bills which have been under study by the commission on Legislation and the recommendations of the Commission which had been made regarding our position on these various measures.

DR. DUKES: We will now have the report of the Executive Committee.

DR. KERR: The Executive Committee met yesterday and considered some 40 matters of which the following were referred to the Board. The first item is the letter written to Washington by Mr. Sterrett, Director of the State Department of Public Welfare and I am going to read it for you because I think you will be interested in knowing that one government representative has written an outstanding letter to another government representative, which is almost unbelievable in this day and age.

The Executive Committee discussed the change which had occurred in the AMA several years ago when they named Reference Committees and gave Reference Committees the letters a. b. c. d. and e, etc., whereupon the I.S.M.A. followed suit. The AMA has now changed back and has given Reference Committees not only the alphabetical listing but also have explained which Reference Committee handles what

subjects that might come before the House of Delegates. We would urge that the Indiana State Medical Association follow this policy with our Reference Committees but we do not think that it requires any official action.

We call your attention also to the fact that we believe that resolutions and reports coming to the House of Delegates which require the spending of funds should contain a fiscal note as to where the money is coming from.

This was passed by resolution several years ago but has not been followed through, so we think the Board should make itself well known on and reject any resolutions calling for expenditure of funds which do not have a fiscal explanation with them as to where the funds come from and how much it is going to cost.

Another matter the Executive Committee recommends that the Board consider is the resolution which might provide voting membership in the House of Delegates for a Student AMA delegate and intern or resident groups, should they become organized. We can see no way that aid from each of these groups can have a significant influence on anybody's political future or anybody's political pocket and we will urge, since the precedent has already established in other areas of the states and on the AMA level, that such action be taken.

We also listened to Dr. Bonsett who is continuing in his search for funds to help restore the Indiana Medical Historical Museum, which is the old Pathology building on the west side of Indianapolis. As you know, he and a few others have a charter which enables us to at least carry on some activities. This relates to the old Pathology building at the old Central State Hospital. There had been some $25,000 allocated by the state legislature for repair and reconditioning of the building and that got only so far as putting on the roof and then the funds were withdrawn. The organization which he represents, has some $25,000 from the estate of E. Vernon Hahn. The interest only is being used on this project; Eli Lilly & Co. has $10,000 holding until it is matched by $10,000 from the ISMA and we think we should at least indicate that much. The thought would be that the organization will use interest from those funds from Dr. Hahn's estate and then an assessment of some figure — 50¢ to $1.00 per member per year—to maintain the whole operation. He has also asked us and thinks it advisable from everybody's standpoint to unify the action of his group with the Indiana Historical Society and there is another the John Billings group who is also interested in the history of medicine. This would require that the articles of incorporation of this body be rearranged and this would require legal activity and we would assume that it would have to go through the House of Delegates for final approval. We suggested that he have one of his delegates from Marion County prepare such a resolution for the House of Delegates requesting the investment and explain the reasons therefor. The $10,000, however, falls in the lap of this Board. Eli Lilly & Company has $10,000 which they are willing to devote to this project when there are matching funds from us which could put this building in a condition where it should be and so we bring it to this Board for their action.

DR. DUKES: I will appoint Dr. Gosman, Dr. Schuster and Dr. Sholty to investigate this further and see what plans may be developed and to report back to the next meeting of the Board.

DR. PETRICH: I move that this Board prepare an appropriate resolution for presentation to the House of Delegates in October which gives the SAMA representatives the right to vote in the House of Delegates.

The motion was duly seconded, discussed and passed on a roll call vote.

DR. KERR: As you all know, the Executive Committee is also the Budget Committee and you all have a copy of the proposed budget for the coming year. The Budget Committee recommends to the Board of Trustees that they accept this budget.

The motion was duly made, seconded, put to vote and carried to accept the budget as prepared.

DR. KERR: You will recall last year the Convention Arrangements Committee asked for additional funds. The Budget Committee originally gave them $1500. They came back and asked for more. The Board then increased the allowance up to $3500 for their use. Dr. Marvel, chairman of the Convention Arrangements Committee, has written the following letter to Dr. Dukes.

Dr. Kerr proceeds to read the letter from Dr. Marvel to Dr. Dukes in, which they ask for a total of $9,500 for the Convention Arrangements Committee to spend for the cost of speakers at the annual session. The letter also suggested that speakers appearing on the program who are members of the State Association should also be given an honorarium for their appearance.

We also remind you that the 1971 session of the House of Delegates adopted a resolution which mandated the Board of Trustees to supply adequate funds to the Commission on Convention Arrangements. We point out that the request of this commission at this time for funds will actually have to come out of the 1972-73 fiscal year budget. We wonder if it would be well to refer this to the Board Committee on Finance and have them come back with recommendations. This terminates my report.

The request of the Convention Arrangements Committee was discussed by several and it was decided that the Finance Committee would meet during lunch and report to the afternoon session.

DR. DUKES: We will now have the report of the Chairman of the Board of Blue Shield, Dr. Black.

DR. BLACK: Dr. Black reviewed the IMPAC financial status which he had been previously requested to do by the Board and then discussed the affairs of Blue Shield concerning the operation of the Medicaid and Medicare programs, the proposed merger of the Blue Cross-Blue Shield Plans and announced he had appointed a committee of three, consisting of McKinney, Dr. Dukes and Dr. John Paris to represent Blue Shield with a like committee from Blue Cross.

The presentation evoked a lengthy discussion by Dr. Harshman, Dr. Wilhelmus, Dr. Shields, Dr. Sholty, Dr. Ingram, Dr. Santare, Dr. McIntosh, Dr. Goodman, Dr. Scamahorn, Dr. Schuster.

Mr. Kilborn assisted Dr. Black in answering some of the questions raised during the discussion.

DR. DUKES: We will now adjourn for lunch to reconvene at 1:30 this afternoon.

DR. DUKES: I will now call on Dr. Scamahorn, a member of the State Medical Board of Licensure and Registration.

DR. SCAMAHORN: Dr. Scamahorn explained the various provisions of the bill to license foreign physicians and reviewed several meetings and consultations which had been held regarding this particular measure. He reported that under the present bill, which was adopted in 1971, 60 foreign medical graduates were licensed on promulgation of the law. In December 1971 exam physicians qualified with the two years of postgraduate education there were 229 foreign physicians certified to take the exam. Actually there was 143 candidates showed up for the exam and out of this number all but 20 were foreign medical graduates. There were about 8 of them from I.U. for one reason or other did not take the exam or pass it. There were only 3 that did not pass. I guess there were five that did not take it in June and the rest of them were people from other states who were taking our State Board. So, if you total this up, it makes 269 foreign graduates just this year qualified fully in the eyes of the law to take the

examination and this could hardly be construed as a barrier and in addition to that, the Board, prior to my going on the Board, did waive three men from completing two years of postgraduate, one had none who was going to be a professor out at I.U., the other two, each had one year, so we waived the additional year in order for them to take the exam, so these are some facts I would like for you to carry in your head so when somebody tells you that doctors and the Board are keeping foreign doctors from practicing in Indiana that this is just not true.

DR. DUKES: Thank you, Dr. Scamahorn. We will now hear from Doctor Senseny, the AMA delegation.

DR. SENSENY: I think Indiana did some things that were worthwhile. One thing that Indiana has been particularly interested in for a long time is to give the vice president a vote on the Board of Trustees. At the Clinical meeting in New Orleans, this was accomplished and will be in effect after the meeting in San Francisco and I think there is some double significance because at this time I would like to drop in a small report to you relative to Guy Owsley's candidacy. Now to the best of our knowledge, only one man is running against Dr. Owsley for vice president. There have been rumors of a doctor from Chicago running but I talked to him personally before we left New Orleans and he told me if they were to do anything he would contact me personally and I've heard nothing so I can't substantiate anybody else other than Dr. Gardner from the New England area. So I really don't anticipate a lot of difficulty in this area at all. The true significance is that if Dr. Owsley is elected Vice President we will then have two votes on the Board of Trustees, namely Dr. Wood, our trustee, and Dr. Owsley as vice president.

Dr. Senseny went ahead and discussed the remarks of Dr. Hall before the House and the fact that they would have open hearings concerning his remarks at the San Francisco meeting. He also pointed out that a resolution had been adopted to provide that all resolutions must be in the hands of the headquarters office at least 30 days prior to the meeting in order to give time for circularization to the delegates for study and discussion prior to the opening session of the House.

Dr. Senseny reported that they had adopted a resolution that if interns and residents wanted to become members of the AMA it would require payment of a $20 annual dues.

Dr. Petrich and Dr. Wood then took the floor to praise the activities of the delegation at the AMA meeting for their arduous work and their closeness in handling the problems that came before the AMA House of Delegates.

DR. DUKES: We will now have the report of the trustees.

DR. WILHELMUS: The 1st District meeting will be held in Evansville on April 13th.

DR. DUKES: The 2nd District meeting will be held May 18th in Linton.

DR. GOODMAN: The 3rd District meeting will be held April 5th in Clarksville.

DR. SHIELDS: The 4th District meeting is to be held May 17th in Madison.

DR. MCINTOSH: The 5th District will meet May 24th in Terre Haute.

The report of the Commission on Public Information; Dr. Inlow, I would like for you to study this out and report back to this Board at the next meeting.

The report of the Commission on Governmental Medical Services; Dr. Sholty, I would like for you to study this out and bring a report back to this Board at its next meeting.

Resolution 71-3, Declaration of Non-Participation Policy; Dr. Shields, will you report on this at the next meeting?

Resolution 71-11, Support of Annual Meeting Program, Dr. Goodman, I would like for you to check into this and report back to the next meeting.

Resolution 71-24, Flow of Illicit Drugs From Communist China, Dr. Gattman, will you take the responsibility of checking this and reporting back to the next meeting?

DR. DUKES: We will now move to item k 2, Future Dates for the Annual Meeting. You have listed here the dates for the annual meetings to be held in Indianapolis for the years 1972, 1973, 1974, 1975 and 1976. After a discussion, upon motion of Dr. Shields and a second by Dr. Santare, the dates were approved.

We will now move on to item 18, Unfinished Business. Vacancy on the Blue Shield Board to fill the unexpired term of Dr. G. O. Larson, deceased. Upon motion of Dr. Santare and a second by Dr. Wilhelmus, Dr. Peter Gutierrez of Crown Point was named to succeed Dr. G. O. Larson.

Upon motion of Dr. Santare and a second by Dr. Harshman, Dr. Maurice E. Glock of Ft. Wayne was nominated to succeed himself for another term.

Upon motion of Dr. Santare and a second by Dr. Gosman, Dr. Wilbert McIntosh of Riley was nominated to replace Dr. Robert M. Reid as a member-at-large on the Blue Shield Board.

DR. DUKES: We will now move back to item k 2, Matters Referred by Commissions and Committees, the budget request for 1972 annual meeting from the Commission on Convention Arrangements.

Dr. Wilhelmus, are you ready to report?

DR. WILHELMUS: The Finance Committe met during the lunch hour and after a long discussion came up with the following suggestion. The Board feels strongly that we need a good program at the state convention. The Board does not agree that Indiana physiccians should receive an honorarium but a certificate of appreciation should be given to them. We feel that it is an honor that they are selected as a mutual compensation to the physicians and the Indiana State Medical Association. The Board suggests a budget of $5,000 for honorarium expenses for out-of-state speakers. If this creates a problem for convention planning committees, we will be more than happy to discuss further considerations.

DR. PETRICH: I won't make a motion right now to amend this but I would like to make a point about dollars. I would like for the Board not today to hamstring anybody who sets a dollar figure limit. I don't think that they are saying that this is a realistic figure but I want to enlarge on it. I would like for them to say that tentatively we approve your schedule and come back and tell us how much it will cost in a few months time and then we will talk about money. Let's don't set a limit as we did before.

Following further discussion, the report of the Finance Committee was put to vote and was carrried. Further discussion ensued on this matter and a motion was made, duly seconded and carrried that an explanatory paragraph of the Board's attitude regarding this amount be forwarded to the Committee on Convention Arrangements.

CHAIRMAN: We will now return to a discussion about Blue Shield. A lengthy discussion by each member of the Board concerning the proposed merger of staffs of Blue Cross-Blue Shield was again discussed. Following the lengthy discussion a motion was made, duly seconded and carried, that the president be designated to write a letter stating that the Board of Trustees of the Indiana State Medical Association request the members of the Blue Shield Board not to take any action on this matter at this time.

CHAIRMAN: I still think it would be more effective for each trustee to contact his Board member in his respective district for a face to face discussion of this matter. The comment was made, "Well, we should do both."

On motion of Dr. Goodman, seconded by Dr. McIntosh, it was moved that the trustee of the Indiana State Medical As-

sociation personally communicate to the members of the Blue Shield Board regarding the position of the Indiana State Medical Association and our urgent desire that they not promote any form of merger or combination until more information has become available to all concerned.

CHAIRMAN: I would remind you that the next meeting of the Board will be held on March 5th, and if there is no other business before the regular Board, we will now move into executive session.

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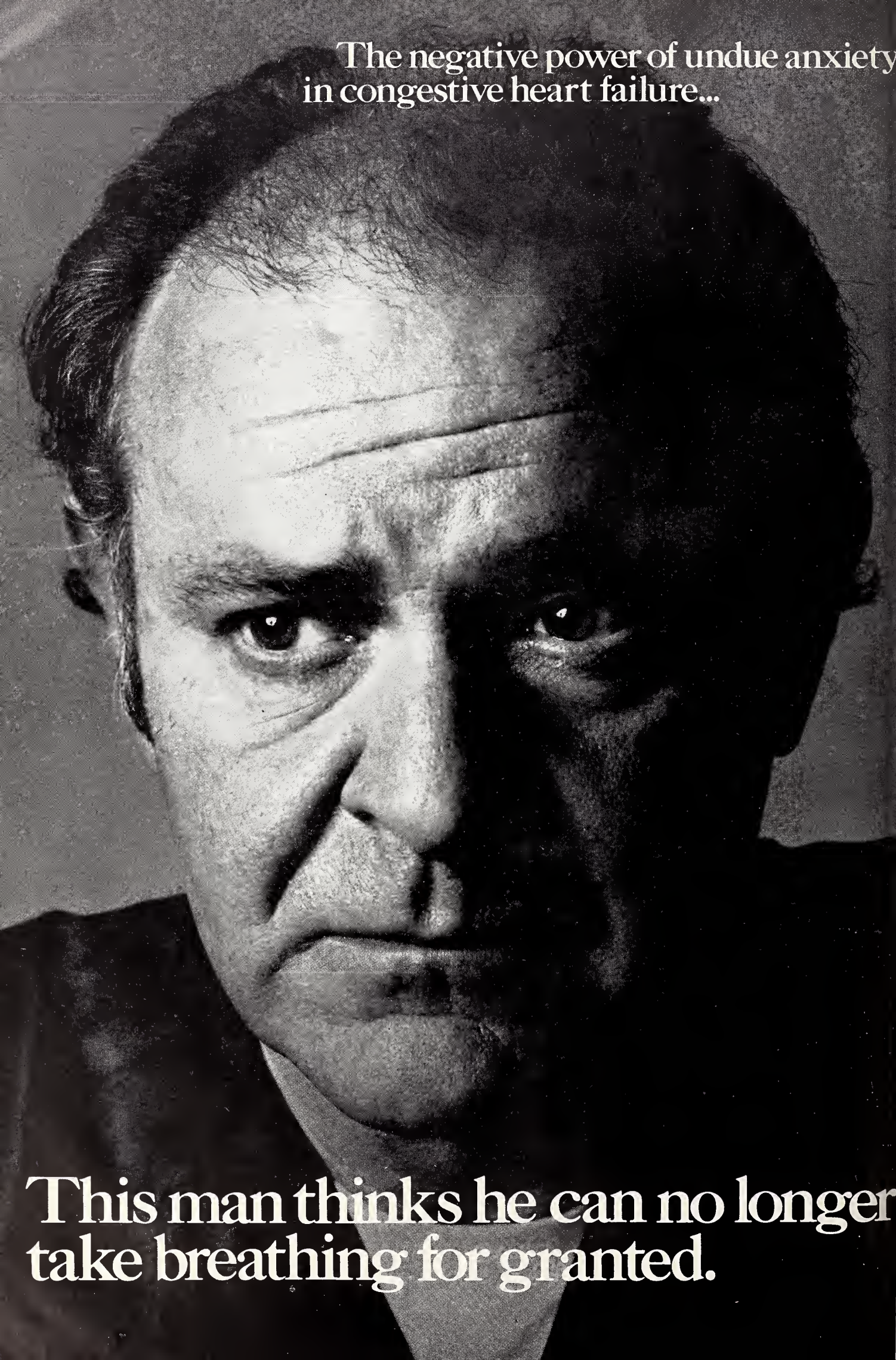
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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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MAY 1972

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication
3935 N. Meridian, Indianapolis, Indiana 46208

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All articles must be typewritten, dauble-spaced with margins of one inch.

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

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Communications dealing with editorial matter shauld be sent ta Frank B. Ramsey, M.D., Editor, 3266 N. Meridian St., Room 705, Indianapalis 46208. All other communicatians shauld be sent to THE JOURNAL of the Indiana State Medical Associatian, 3935 N. Meridian, Indianapolis 46208.

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Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.
Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.
Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.
Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.
Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.
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50 mg. Tablets

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brand of

pentazocine (as hydrochloride)

the long-range analgesic

a new outlook in chronic pain

of moderate to severe intensity



Contraindications: Talwin, brand of pentazocine (as hydrochloride), should not be administered to patients who are hypersensitive to it.

Warnings: *Head Injury and Increased Intracranial Pressure.* The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. Furthermore, Talwin can produce effects which may obscure the clinical course of patients with head injuries. In such patients, Talwin must be used with extreme caution and only if its use is deemed essential.

Usage in Pregnancy. Safe use of Talwin during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or embryotoxic effects. However, Talwin should be administered to pregnant patients (other than labor) only when, in the judgment of the physician, the potential benefits outweigh the possible hazards. Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used analgesics. Talwin should be used with caution in women delivering premature infants.

Drug Dependence. There have been instances of psychological and physical dependence on parenteral Talwin in patients with a history of drug abuse and, rarely, in patients without such a history. Abrupt discontinuance following the extended use of parenteral Talwin has resulted in withdrawal symptoms. There have been a few reports of dependence and of withdrawal symptoms with orally administered Talwin. Patients with a history of drug dependence should be under close supervision while receiving Talwin orally.

In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.

Acute CNS Manifestations. Patients receiving therapeutic doses of Talwin have experienced, in rare instances, hallucinations (usually visual), disorientation, and confusion which have cleared spontaneously within a period of hours. The mechanism of this reaction is not known. Such patients should be very closely observed and vital signs checked. If the drug is reinstituted it should be done with caution since the acute CNS manifestations may recur.

Usage in Children. Because clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Ambulatory Patients. Since sedation, dizziness, and occasional euphoria have been noted, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Precautions: *Certain Respiratory Conditions.* Although respiratory depression has rarely been reported after oral administration of Talwin, the drug should be administered with caution to patients with respiratory depression from any cause, severe bronchial asthma and other obstructive respiratory conditions, or cyanosis.

Impaired Renal or Hepatic Function. Decreased metabolism of the drug by the liver in extensive liver disease may predispose to accentuation of side effects. Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment.

Myocardial Infarction. As with all drugs, Talwin should be used with caution in patients with myocardial infarction who have nausea or vomiting.

Biliary Surgery. Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients about to undergo surgery of the biliary tract.

Patients Receiving Narcotics. Talwin is a mild narcotic antagonist. Some patients previously receiving narcotics have experienced mild withdrawal symptoms after receiving Talwin.

CNS Effect. Caution should be used when Talwin is administered to patients prone to seizures; seizures have occurred in a few such patients in association with the use of Talwin although no cause and effect relationship has been established.

Adverse Reactions: Reactions reported after oral administration of Talwin include *gastrointestinal:* nausea, vomiting; infrequently constipation; and rarely abdominal distress, anorexia, diarrhea. *CNS effects:* dizziness, lightheadedness, sedation, euphoria, headache; infrequently weakness, disturbed dreams, insomnia, syncope, visual blurring and focusing difficulty, hallucinations (see *Acute CNS Manifestations* under WARNINGS); and rarely tremor, irritability, excitement, tinnitus. *Autonomic:* sweating; infrequently flushing; and rarely chills. *Allergic:* infrequently rash; and rarely urticaria, edema of the face. *Cardiovascular:* infrequently decrease in blood pressure, tachycardia. *Other:* rarely respiratory depression, urinary retention.

Dosage and Administration: *Adults.* The usual initial adult dose is 1 tablet (50 mg.) every three or four hours. This may be increased to 2 tablets (100 mg.) when needed. Total daily dosage should not exceed 600 mg.

When antiinflammatory or antipyretic effects are desired in addition to analgesia, aspirin can be administered concomitantly with Talwin.

Children Under 12 Years of Age. Since clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Duration of Therapy. Patients with chronic pain who have received Talwin orally for prolonged periods have not experienced withdrawal symptoms even when administration was abruptly discontinued (see WARNINGS). No tolerance to the analgesic effect has been observed. Laboratory tests of blood and urine and of liver and kidney function have revealed no significant abnormalities after prolonged administration of Talwin.

Overdosage: *Manifestations.* Clinical experience with Talwin overdosage has been insufficient to define the signs of this condition.

Treatment. Oxygen, intravenous fluids, vasopressors, and other supportive measures should be employed as indicated. Assisted or controlled ventilation should also be considered. Although nalorphine and levallorphan are *not* effective antidotes for respiratory depression due to overdosage or unusual sensitivity to Talwin, parenteral naloxone (Narcan®, available through Endo Laboratories) is a specific and effective antagonist. If naloxone is not available, parenteral administration of the analeptic, methylphenidate (Ritalin®), may be of value if respiratory depression occurs.

Talwin is not subject to narcotic controls.

How Supplied: Tablets, peach color, scored. Each tablet contains Talwin (brand of pentazocine) as hydrochloride equivalent to 50 mg. base. Bottles of 100.

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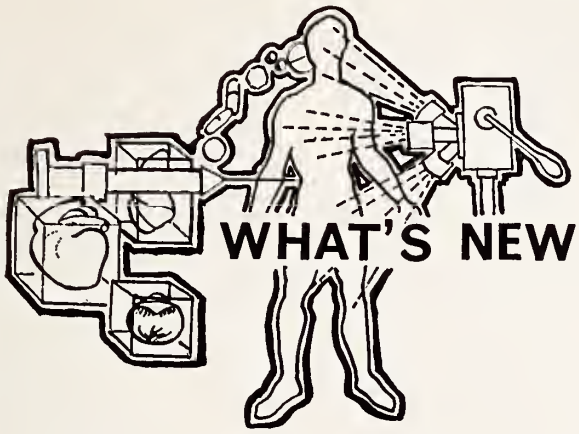
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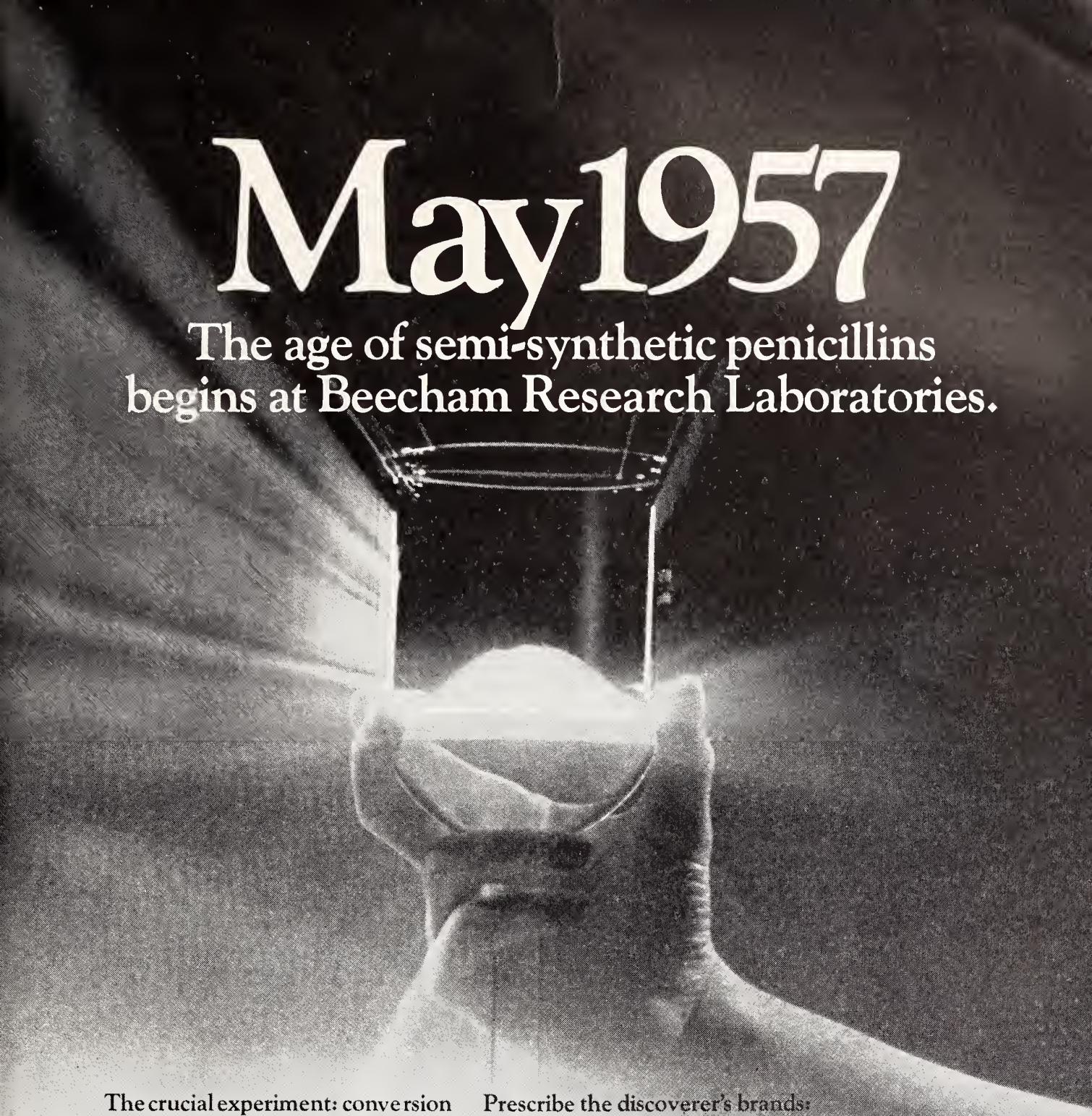
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9.	Don W. Boyer, Lebanon	Clarence G. Kern, Lebanan	June 28, 1972, Lebanan
10.	Lambro Dimitraff, Hammand	Donald C. Miller, Cedar Lake	May 31, 1972, Hebron
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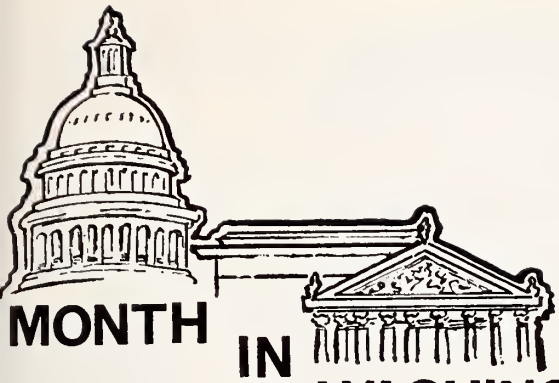
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the first of each month preceding month of issue.

THE AMERICAN Medical Association protested again to the federal Price Commission that the Administration's economic stablization program is discriminatory as it applies to physicians.

A DETAILED statement outlining the AMA's position was sent to the Price Commission March 27 by Dr. Max H. Parrott, chairman of the AMA Board of Trustees, in response to the commission's announcement in the Federal Register that it was seeking a general review of its policies.

THE AMA STATEMENT emphasized that the Association supports President Nixon's efforts to curb inflation. But, the AMA said, physicians are "very much concerned that the economic restrictions imposed upon them do not have equal application to all segments of the economy."

THE AMA RECOMMENDED that the Price Commission establish a Health Industry Council or Committee with representatives of the AMA and other health associations as members.

"SUCH A COMMITTEE could provide a direct conduit to the Price Commission of the resources, expertise and experience of its members," the AMA said. Through such a committee the Price Commission would have access to in-depth information accumulated by professional associations in the health care field. Furthermore, a direct channel of communication between the staffs of these organizations and the staff of the Price Commission would provide the Price Commission with assistance not otherwise obtainable.

THE AMA expressed confidence that its statement reflected the concern of all physicians regarding the present operation of the price control program as it relates to their services. The statement concluded:

"WE BELIEVE THAT the comments and suggestions made in this statement reflect the concern of all physicians regarding the present operation of the price control program as it relates to their services. Accordingly, we urge the Price Commission to eliminate the discriminatory rules which single out physicians and other non-institutional providers of health care. We also call upon the Price Commission to foster a simpler, more equitable system for the enforcement of price controls and the processing of applications for exceptions. An application for an exception not processed within 20 days should be deemed to be approved."

THE AMA STATEMENT pointed out that professional fees, such as those of lawyers, outside the health profession were not subject to limitations and that "manufacturers, retailers and sellers of services

Continued

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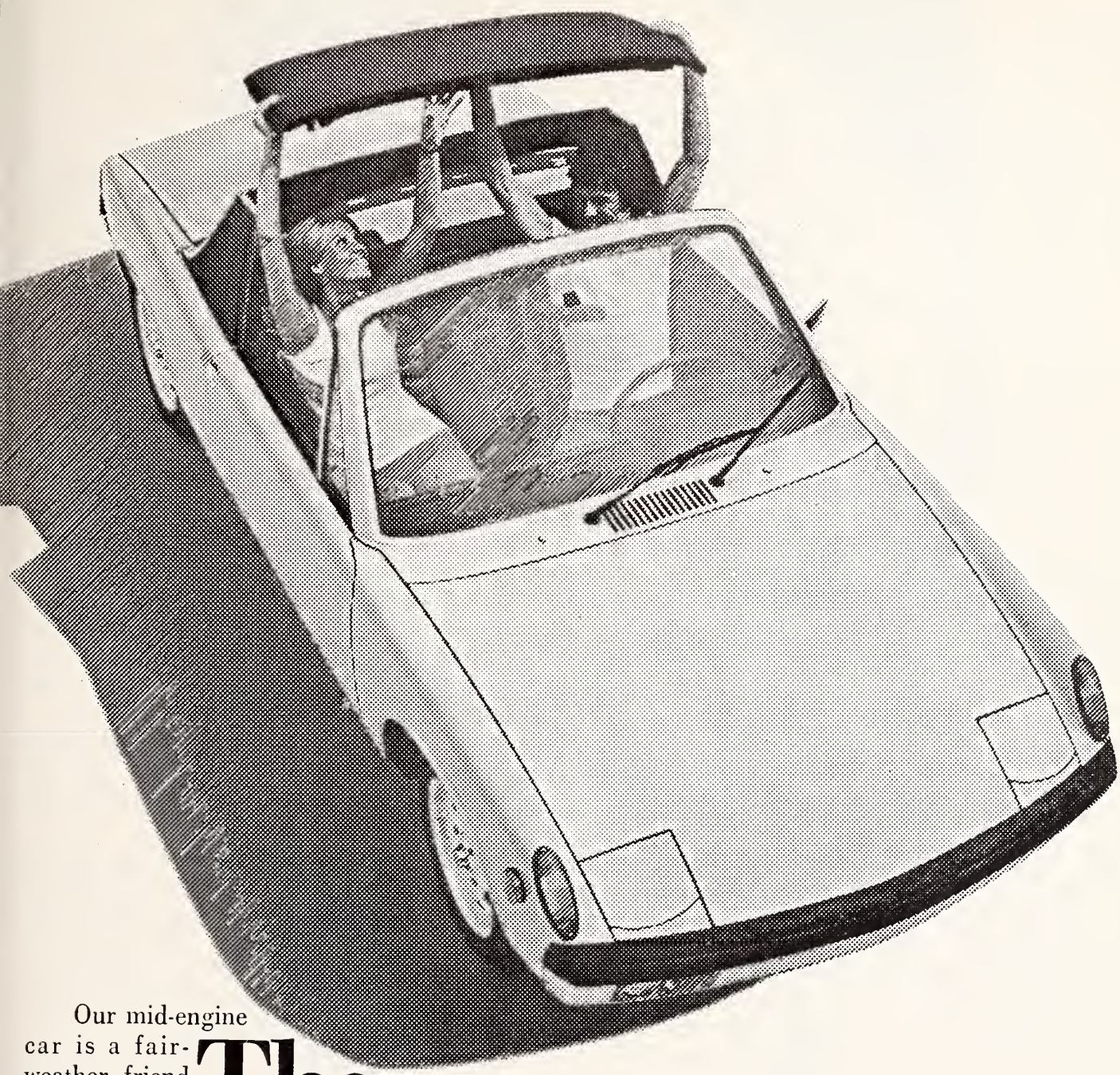
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generally are entitled to full pass-through of their increased costs."

THE AMA statement continued:

"OF ALL SELLERS of commodities and services, only physicians (and other non-institutional providers of health care) are restricted to an aggregate price increase of 2.5% a year in passing through increased costs. We do not believe that this discriminatory restriction is necessary to curb the rate of inflation. If indeed such a restriction were needed, the most effective application would be in those segments of the economy which command the bulk of the consumer's dollar—food, clothing and housing.

"THE REGULATIONS divide health care providers into institutional providers and non-institutional providers for price control purposes. This is an artificial and irrational distinction which should be abolished. The plain fact of the matter is that institutional providers frequently provide all, and always provide some, of the kind of services which non-institutional providers sell

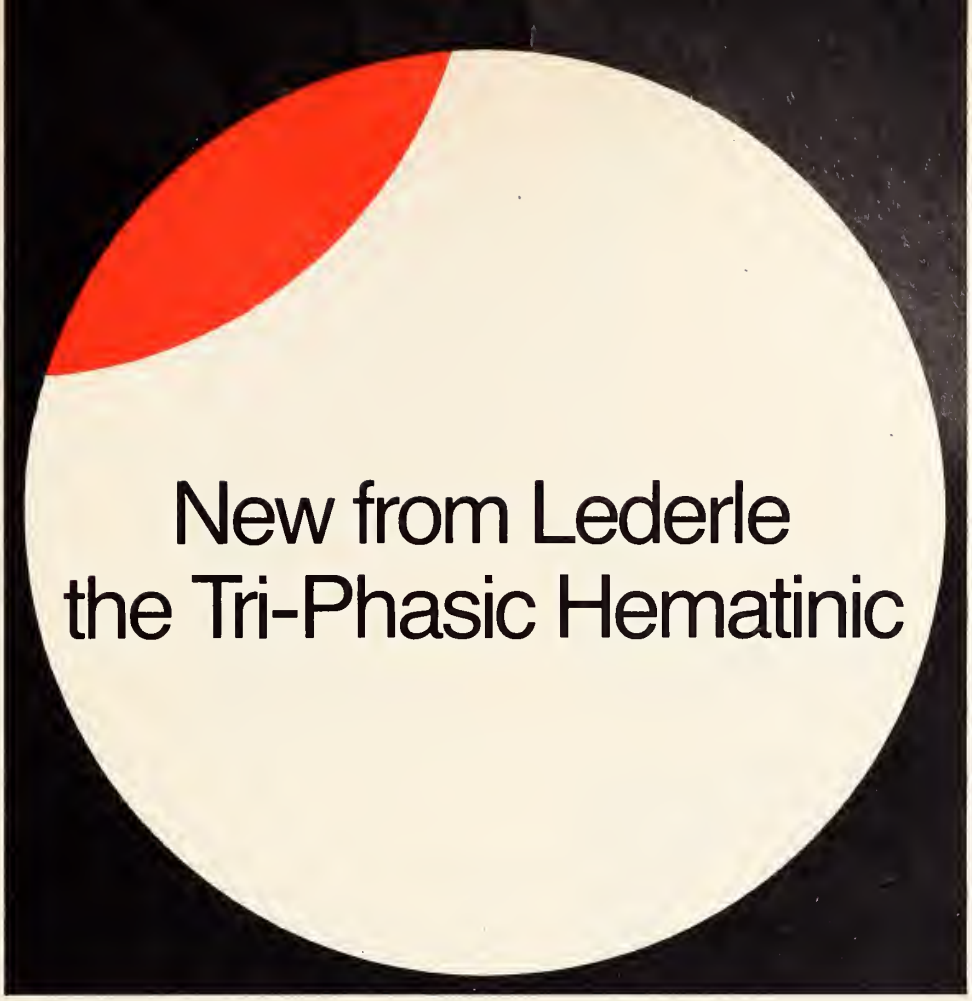
"WE ARE CONVINCED that the special restrictions in the regulations applicable to physicians (and other non-institutional providers) will make no meaningful contribution to the goals of the Price Commission and as a matter of principle should be eliminated. Physicians should be encouraged to invest in new facilities and technology which will elevate the quality of medical care. The 2.5% limitation on the pass-through of additional costs discourages such investments.

"THE ECONOMIC Stabilization Act requires that the President issue standards to serve as a guide for determining prices, such standards to be generally fair and equitable. The regulations provide for an application for an exception or exemption if the economic stabilization regulations and guidelines will result in serious hardship or gross inequity. However, the regulations do not provide any criteria or standards to be applied when a physician seeks an exception because of 'serious hardship or gross inequity.' We believe that serious hardship or gross inequity is involved where a physician has not increased his fees to keep pace with those charged by his colleagues. Many physicians have held the line on fees despite rising costs. They have delayed raising their fees and in some instances physicians have not increased their fees for several years. We believe that these physicians should not be penalized by being frozen to a substandard level of fees.

"STANDARDS FOR exceptions to the price regulations should include provisions for physicians to raise their fees under circumstances such as the following:

"1. Where the price charged for a particular service or services is significantly lower than that most commonly charged in the same community by the same class of providers of health services. Example: A physician specializing in internal medicine whose charge for a routine office visit is significantly less than that most commonly charged by other physicians specializing in

Continued on page 403



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internal medicine in the same community.

"2. Where the price charged for a particular service or services is significantly lower than that most commonly charged in similar nearby communities by the same class of providers of health services and the applicant is the only one or one of a few in the same class of providers of health services in the same community. Example: The only ophthalmologist in a community whose charge for an eye examination for prescription glasses is significantly less than that most commonly charged by ophthalmologists in similar nearby communities.

"3. Where the price charged by the applicant is the price most commonly charged in the community, or less, for a particular service or services and is substantially less than that most commonly charged in nearby communities because of substandard sociological or economic conditions that exist in the applicant's community. Example: A physician practicing medicine in a ghetto area in which the increase in fees during the past four or five years has not kept pace with increases that have generally taken place in nearby communities which have not been subject to such substandard conditions."

BILL TO ESTABLISH SEPARATE DEPARTMENT OF HEALTH INTRODUCED

MORE THAN 80 members of the House and Senate introduced legislation that would establish a separate Department of Health, a proposal advocated by the American Medical Association for a century.

CHIEF CO-SPONSORS were a former secretary of Health, Education, and Welfare, Sen. Abraham A. Ribicoff (D-Conn.), and the chairmen of two key health subcommittees: Sen. Edward M. Kennedy (D-Mass.) and Rep. Paul G. Rogers (D-Fla.). Twenty-four Democratic senators and 60 representatives (54 Democrats and 6 Republicans) had signed the bill when it was introduced. Additional sponsors were expected to be added later.

THE LEGISLATION, which would break up HEW into three departments, ran counter to President Nixon's plan for government reorganization. His plan calls for merger of HEW into a new, even bigger Department of Human Resources. Introduction of the separate health department legislation coincided with Nixon's sending of a second special message to Congress urging action on his reorganization proposal.

SOME SPONSORS of the health department bill indicated they might compromise on two departments—one for health and welfare and one for education.

THE AMA House of Delegates in 1873 adopted a resolution calling for a separate federal department "as a means of promoting sanitary science and the protection of the public health." In 1891 the delegates approved appointment of a committee "to memorialize Congress at its next session on the subject of creating a cabinet officer to be known as the medical secretary of public health."

THROUGH THE YEARS, the House of Delegates has reaffirmed this position, the most recent such action having been in December 1970, when this

resolution was adopted:

"RESOLVED, That the American Medical Association, in the public interest, continue its efforts to bring about the creation of a separate federal Department of Health, whose chief officer would be a physician of cabinet rank."

"HEW, AS PRESENTLY structured, is unwieldy, unmanageable and therefore unresponsive to both the executive and legislative branches," Ribicoff said in a Senate speech. "No secretary can know what is going on in such a huge department, much less maintain control of the operation and policy-making apparatus of such a bureaucracy.

"AS A FORMER SECRETARY of HEW, I am convinced that health policy can be more rationally developed and the health programs of our nation better handled if they are placed under the jurisdiction of one agency of manageable size, a department of health."

RIBICOFF pointed out that since its establishment in 1953, HEW has "grown into a bureaucracy of 108,000 employees" with an annual budget of nearly $79 billion, one-third of the entire federal budget. It allocates $18 billion of the $25 billion the government spends each year on health programs that are scattered among 23 other agencies as well as HEW, he said.

HIS PROPOSAL, if enacted, would transfer all health responsibilities of HEW—including administration of Medicare and Medicaid—to the new department immediately. The President would be authorized to transfer health-care functions of other agencies to the department within 180 days of enactment.

THE RIBICOFF BILL also would set up a 19-member National Advisory Commission on Health Planning to aid in establishment of the department and to undertake a two-year study leading to recommendations for a 10-year national health policy.

AMA SUPPORTS AMENDMENT OF MEDICARE LAW

THE AMERICAN MEDICAL Association supports legislation that would amend the Medicare law to expand the circumstances under which payment could be made for services rendered by physicians' assistants.

PAYMENT now is permitted only when the assistant performs the services in the physician's presence. Under an amendment offered in the Senate to H.R.1, such payment would be allowed where the assistant performs the services without the physician being present. However, an assistant would not be allowed to practice medicine autonomously or without supervision of his physician employer.

H. R. 1 PROVIDES for revisions of Social Security, including Medicare and Medicaid.

IN A LETTER to Sen. Gaylord Nelson (D-Wis.), sponsor of the physician's assistant amendment, Dr. Ernest B. Howard, AMA executive vice president, said:

"WE BELIEVE THE amendment to be salutary. As you know, the AMA is fostering the development of appropriate programs to increase the number of physician's assistants. It is anticipated that such assistants will serve in various ways, and their role can be a valuable one in helping to meet our health manpower needs. In rural settings, for instance, the assistants may serve in

communities or areas removed from the physician's office. The Medex program is one example of the assistant serving to extend the physician's services into adjoining areas. While delineation of the appropriate role of the physician's assistant, as well as appropriate criteria for certification, are now under formulation, and many programs are in the development stage, we believe your amendment will provide stimulus to the expanding acceptance of these programs."

URGES CONTINUATION, EXPANSION OF LEAD-BASED PAINT POISONING PREVENTION ACT

THE AMERICAN MEDICAL Association urged that the Lead-Based Paint Poisoning Prevention Act be continued and expanded.

"A SUBSTANTIAL percentage of lead poisoning can be traced to the ingestion of chips of lead-based paint by infants," an AMA statement said. "We believe that every reasonable means must be used to reduce this tragic affliction."

THE AMA POSITION was outlined in a letter from Dr. Ernest B. Howard, AMA executive vice president, to Sen. Edward M. Kennedy (D-Mass.) chairman of the Senate Health Subcommittee which was considering the extension legislation (S.3080).

"S. 3080 ALSO ADDS a new subsection which authorizes the Secretary of Health, Education, and Welfare to make grants to state agencies for the purpose of establishing centralized laboratory facilities for analyzing biological and environmental lead specimens obtained from local lead-based paint poisoning detection programs," Dr. Howard said.

"THIS IS a proper and important expansion of the program and will provide needed financial support and encouragement to local programs. We would urge that this provision be supported by the committee.

"OTHER PROVISIONS of this legislation are concerned with a revision of the definition of lead-based paints and with increasing the funds authorized to carry on the programs of the Lead-Based Paint Poisoning Prevention Act. The lead content of paint should be kept at the lowest level possible, and we believe that the proposed revision in the definition will materially strengthen the desired objectives of reducing the incidence of this disease. The increased authorizations should also be beneficial in aiding the program to reach a higher degree of effectiveness." ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 65 — May 1972 — Number 5

Plethysmographic recordings and the arm/ankle blood pressure ratio provide a reliable assessment of the functional state of the peripheral circulation. Skin thermometry is valuable for additional information.

Some Instrumental Technics in the Clinical Study of Peripheral Vascular Disease

KENNETH R. WOOLLING, M.D.
JOHN S. SCHECHTER, M.D.
*Indianapolis**

THE rapid expansion in knowledge of electronics during the past two decades has had its greatest impact upon the industrial and engineering sciences. Medicine, however, has been involved in this scientific revolution to a considerable extent, with the result that numerous new instrumental techniques have evolved. Many applicable to the study of cardiac disease have been described. Recently, investigators from several centers have reported methods claimed to be of value in the management of peripheral vascular disease.[1-17]

There is a need for improved methods in the detection and study of peripheral vascular disease. The essential value of a careful history and meticulous physical examination as the starting point in diagnosis is recognized everywhere. Angiography has provided additional information and its great diagnostic value also has now been established. While confirming the history and physical examination, it carries the diagnostic investigation a step further and gives exact anatomic localization. Unfortunately, angiography does not indicate the functional severity of disease nor is it without risk or pain. A nontraumatic, noninvasive procedure providing analogous information would be desirable. A technic whereby one could without risk measure and record such information possibly could substitute for angiography in many instances and serve as a survey examination for almost every patient. Utilizing some of the newer electronic instruments, an attempt to develop such procedures for the study of occlusive arterial disease as well as some other types of peripheral vascular disease has been made at Methodist Hospital Peripheral Vascular Laboratory during the last two years. A description of some of these follows.

Methods

The tests have been conducted in a room of constant temperature. The patient lies in a comfortable position,

* From the Peripheral Vascular Laboratory, Department of Medical Research, Methodist Hospital, Indianapolis.

The text of this article was presented in shortened form by Dr. Woolling at the meeting of the Mayo Cardiovascular Society, Rochester, Minn., May 20, 1971.

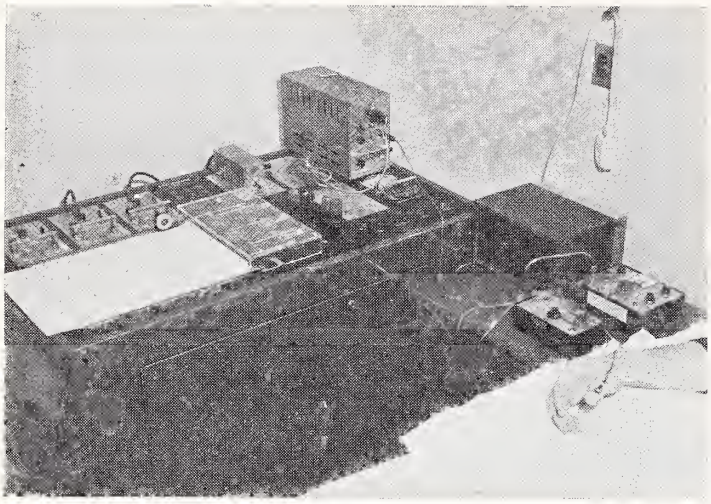


FIGURE 1

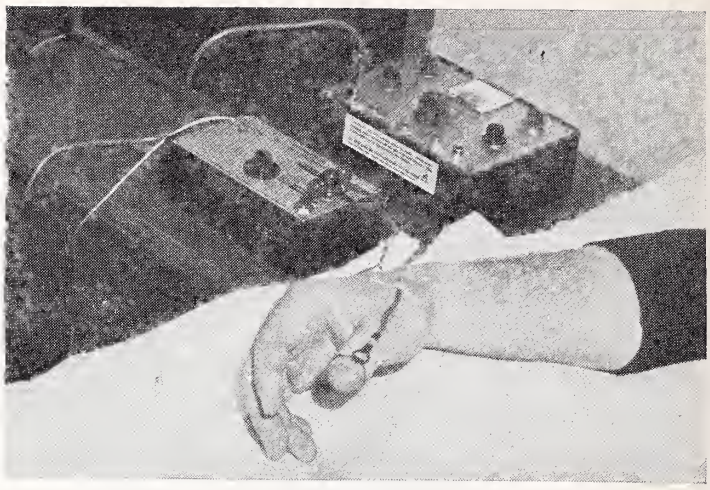


FIGURE 2

supine in bed. A digital pulse tracing is made from each of the four extremities by means of a mercury strain gage (custom modification, Mercury Strain Gage Plethysmograph, Model 250-A, Parks Electronic Laboratory, Beaverton, Ore.) placed upon one of the digits of each extremity (Figure 1). The mercury strain gage is a length of highly elastic (silastic) tubing filled with mercury. Contact with the ends of the mercury column is established by means of wires inserted into the ends of the tubing. As the tubing stretches, coincident with arrival of the arterial pulse in the digit, the enclosed mercury column is lengthened and narrowed, increasing its electrical resistance. When tension is removed, the gage returns to its original length, with concomitant decrease in electrical resistance. The resistance increases linearly with length when the length changes are small compared to the unstretched length. The mercury strain gage plethysmograph is connected to a suitable recorder (Physiograph, MK III, E. and M. Instrument Co., Inc., Houston, Texas). Tracings are recorded at a paper speed of 2.5 cm/sec, the stylus calibrated to indicate a deflection of 1 cm for each millivolt introduced into the system. The strain gage is applied just proximal to the nail and held in place with paper tape, according to the method of Strandness[1]; a slight degree of stretch of the gage, about 10% to 20% of its unstretched length, is desirable (Figure 2). Several different sizes of gages are available, making possible a quick fit of fingers or toes of varying dimensions.

Blood pressure determinations at various levels of the extremities are made, using an ultrasonic velocity flow detector (Transcutaneous Doppler, Model 802, manufactured by Parks Electronics Laboratory, Beaverton, Ore.). This instrument operates on the principle of the Doppler effect. A 10 megahertz beam of ultrasound, emitted from a sending crystal in the probe, passes transcutaneously into the tissues and is reflected back to an adjacent receiving crystal in the same probe. Reflection of sound waves from blood particles moving through the vascular structures causes a slightly different frequency than the 10MHz incident frequency, the difference depending upon the velocity. The difference between the transmitted and reflected frequencies is conditioned and amplified into audible sound by the Doppler flowmeter; blood movement of high velocity causes a higher pitched sound than low velocity movement. The pattern of the cardiac cycle is easily recognized. The voltage output of the instrument is proportional to the velocity of blood flow.

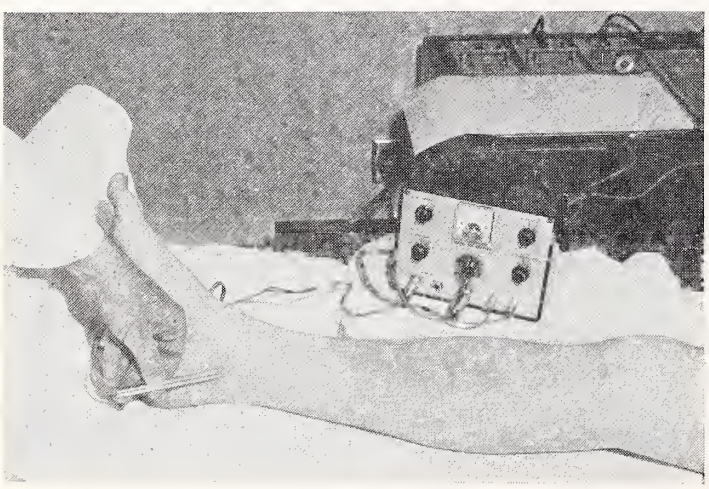


FIGURE 3

A pencil probe is conveniently used to locate the best audible signal over a peripheral artery; acoustic coupling gel is placed between the probe and the skin overlying the artery to allow conduction of ultrasound into the tissues (Figure 3). A loud speaker connected to the flow detector amplifies the signal so that the examiner can hear it easily and identify the character of the sound. A sphygmomanometer cuff is then ap-

plied to determine the blood pressure in the arm and at various levels of the lower extremities. The pressure in the cuff is raised to a level exceeding systolic pressure, at which time the audible flow signal disappears. The pressure is then reduced in the cuff by 5 mm Hg gradations until the sounds reappear. At this point, the systolic pressure is recorded. Two or three determinations are made at each level and the average pressure recorded. In the lower extremities, the cuff is applied consecutively at the proximal thigh, the distal thigh, the proximal leg, and finally at ankle level (Figure 4).

Once a usable arterial signal is obtained, the pencil probe may be replaced with a flat probe held in place over the artery with paper adhesive tape (Figure 5). Either pedal pulse can be used for pulse detection. In patients who have occlusive arterial disease it is common to be able to detect arterial-type signals where there has been no palpable pulse on physical examination. These signals have a characteristic pulsatile quality, resembling the first and second heart sounds. Ideally, the blood pressure is recorded from both arteries separately. In actual practice, the artery giving the best audible signal is utilized for segmental blood pressure determination. If one is interested in occlusive involvement below the level of the popliteal artery, individual determination of the pressure in the dorsalis pedis and the posterior tibial can be made. Skin thermometry is performed thermoelectrically with a thermocouple (manufactured by U.M.A., Inc., 56 Cooper Square, New York, N. Y. 10003). Temperature readings are taken directly without calculation from a combined Fahrenheit-Centigrade scale. Further description of instrumental technique in miscellaneous vascular conditions will be given under "Results."

Results

Some examples of vascular profiles follow. In Figure 6A, a record of normal arterial findings is recorded. This patient had diabetic neuropathy but no significant arterial disease. Pulse tracings were recorded, above, from both thumbs, and, below, from both second toes. These pulse tracings are normal. The



FIGURE 4

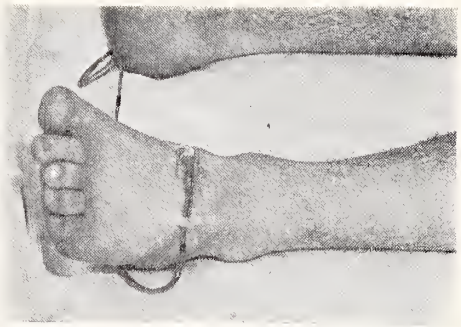


FIGURE 5

A. DIABETIC PERIPHERAL NEUROPATHY; NO ARTERIAL DISEASE.

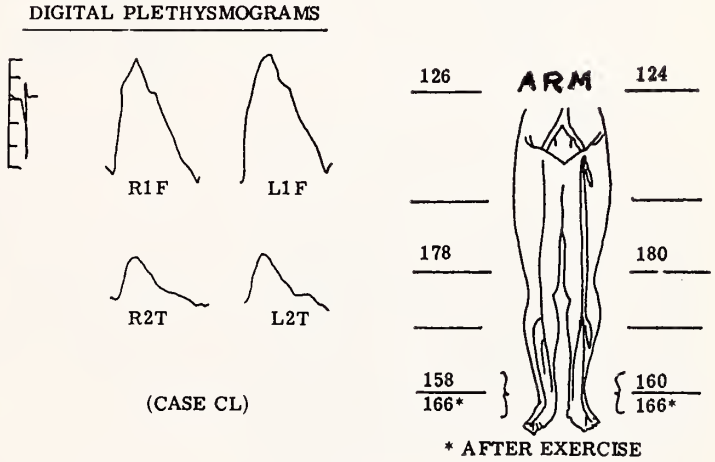
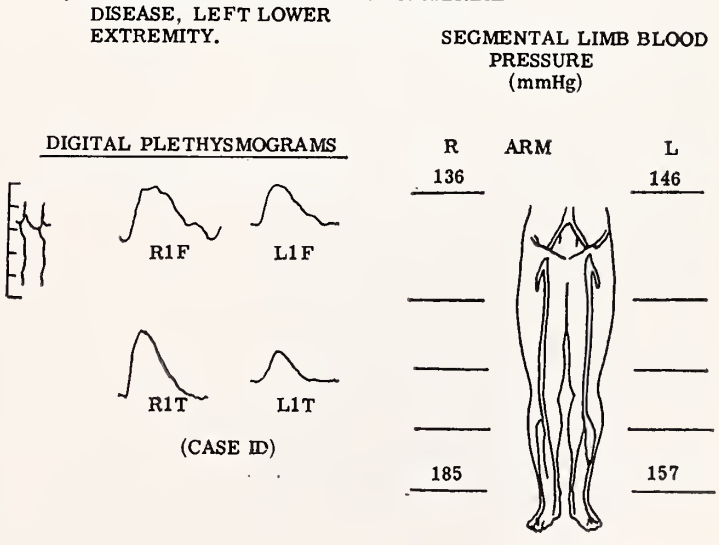


FIGURE 6

B. POSSIBLE EARLY OCCLUSIVE ARTERIAL DISEASE, LEFT LOWER EXTREMITY.



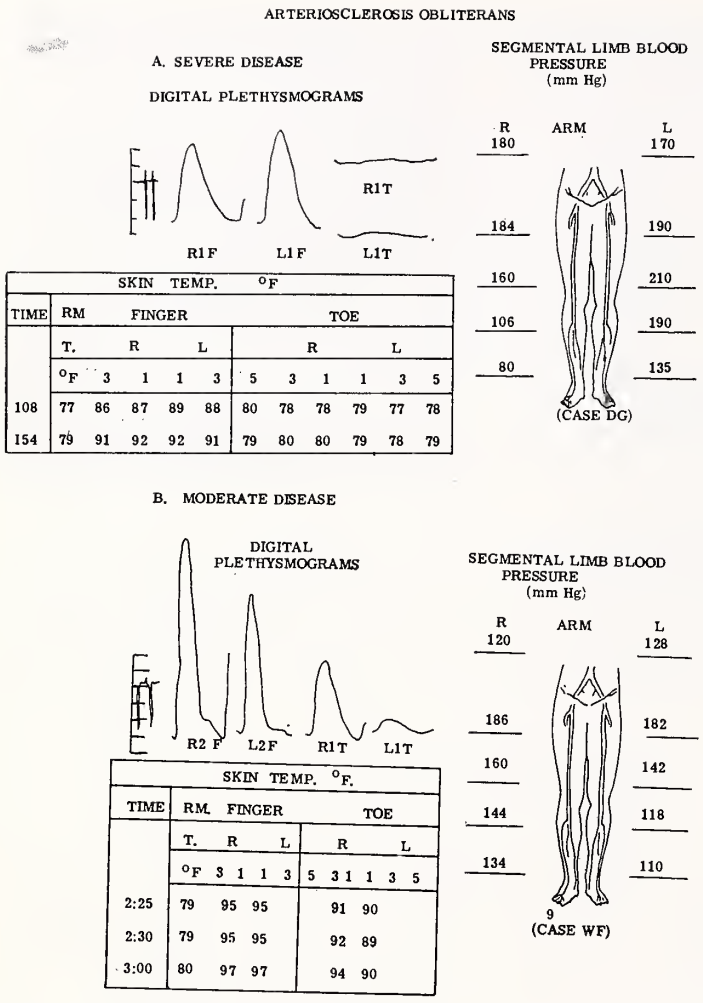


FIGURE 7

finger tracings show a sharp peak, a definite dicrotic notch, and a rapid descent. The lower extremity pulse waves normally may be of lower amplitude. Segmental limb blood pressure determination discloses the brachial blood pressure to be approximately 125 mm Hg and the ankle pressure to be about 160 mm Hg, bilaterally. This is a normal differential between arm and ankle. Normally, the ankle pressure equals or exceeds the brachial pressure. After exercise, in this patient the ankle pressure rose slightly; this is a normal occurrence. In Figure 6B, the pulse tracings suggest possible early occlusive arterial disease in the left lower extremity. This patient had severe cellulitis in the right foot and diabetes mellitus. He had no symptoms referable to the left lower extremity. The relatively low ankle pressure in the left lower limb, as compared to the right, suggests he may have early arterial disease. The lower amplitude pulse wave from the left great toe, along with a slightly delayed crest time, (interval of cardiac cycle between onset and peak of pulse wave) tend to confirm this. The fact that the ankle pressure in the left lower extremity, even though lower than that in the right, still exceeds the arm pressure suggests that arterial disease, if present, is very mild.

Figure 7A is that of an elderly lady who has severe arterial occlusive disease. The finger pulses are reasonably normal, but there is marked decrease in amplitude of the digital tracings from the feet. The ankle pressures show marked lowering. In the right lower extremity there is a gradient of 100 mm Hg between the arm and ankle. In the left, a gradient of 35 mm Hg is present, which is distinctly abnormal but much less so than in the contralateral limb. This

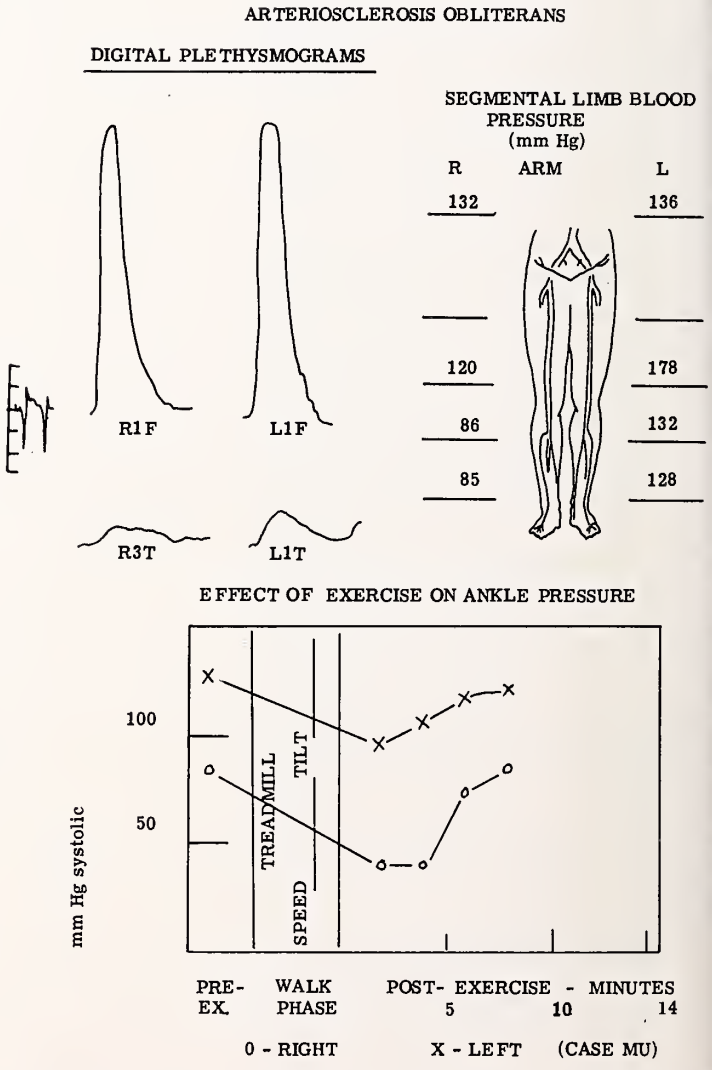


FIGURE 8

woman had had gangrenous ulcers of several toes of her right foot four years prior to this examination; mid-thigh amputation had been recommended elsewhere, but the lesions healed with conservative treatment.

In Figure 7B, the profile of a man with moderate occlusive arterial disease is shown. He had intermittent claudication in the left lower extremity. The abnormal pulse contour from his left foot is shown, and there is a corresponding decrease in ankle pressure on this side, 110 mm Hg as compared to 128 mm Hg in the left arm. Skin temperature studies also show a 4F degree decrease in the left foot as compared to the right.

In Figure 8 is an example of a case of severe arteriosclerosis obliterans. This lady has bilateral lower extremity claudication involving the hips, thighs and calves. The markedly low amplitude of the pulse in the right foot is evident. Prolonged crest time also is shown. The ankle blood pressure is lower than the arm blood pressure bilaterally, particularly on the right. When this patient exercised there was a marked drop in ankle pressure, as shown in the lower part of the figure; the pressure in the right ankle decreased approximately to 40 mm Hg, "shock" level; after exercise, there was a slow return to the pre-exercise level.

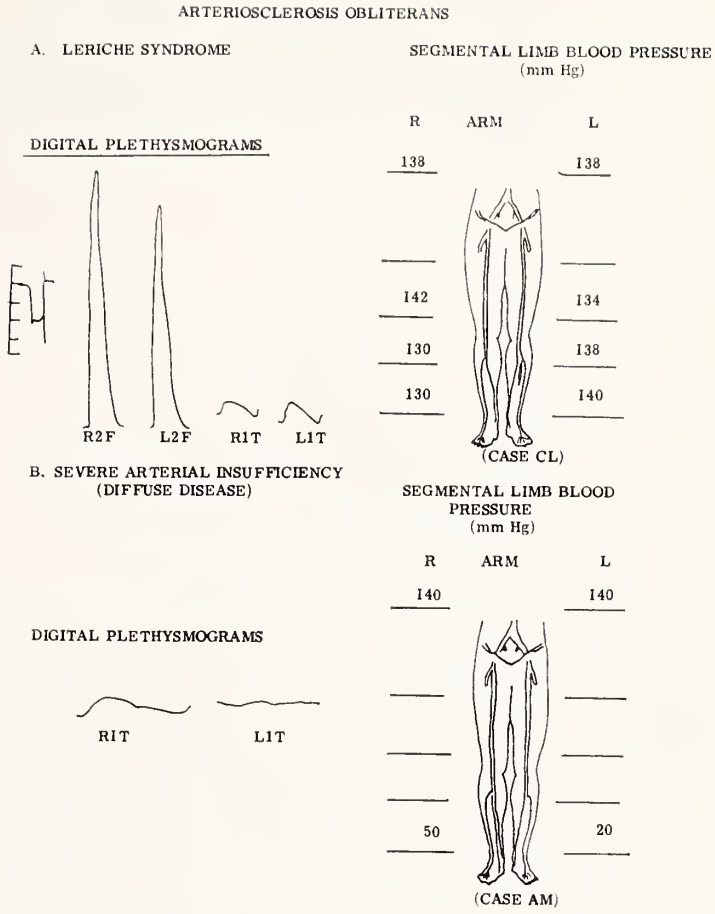


FIGURE 9

Two cases are illustrated in Figure 9. In the upper part of the record is a case of Leriche syndrome. The patient was shown by arteriography to have a small atheroma strategically located just at the bifurcation. He had typical hip and thigh claudication but no significant nutritional impairment of the feet. The low pulse tracings from the feet are shown, but the ankle blood pressure is only slightly low in the right lower extremity and is at a normal level in the left. Adequate collateral flow has developed in this individual. In the lower part of Figure 9 is an example of severe, diffuse arterial insufficiency due to arteriosclerosis obliterans. The markedly deformed pulse tracings from the feet are shown. The ankle pressures are 50 and 20 mm Hg, right and left, respectively. The arm pressure is 140 mm Hg, bilaterally. By contrast, this patient had severe nutritional disturbance of both feet but viable extremities. He had mild rest pain in the feet occasionally.

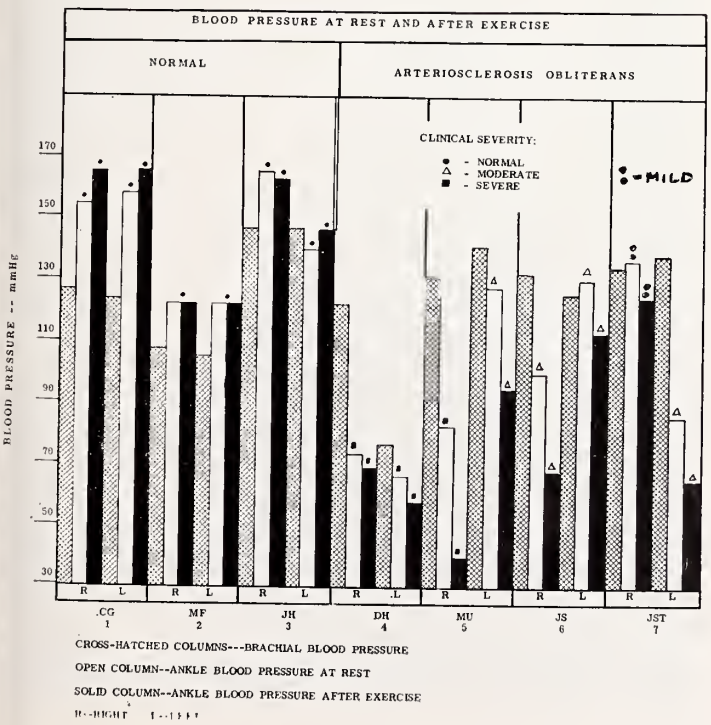


FIGURE 10

In Figure 10 is shown the effect of exercise upon ankle pressure in normal extremities and in extremities with arterial occlusive disease. Normally, the ankle pressure at rest

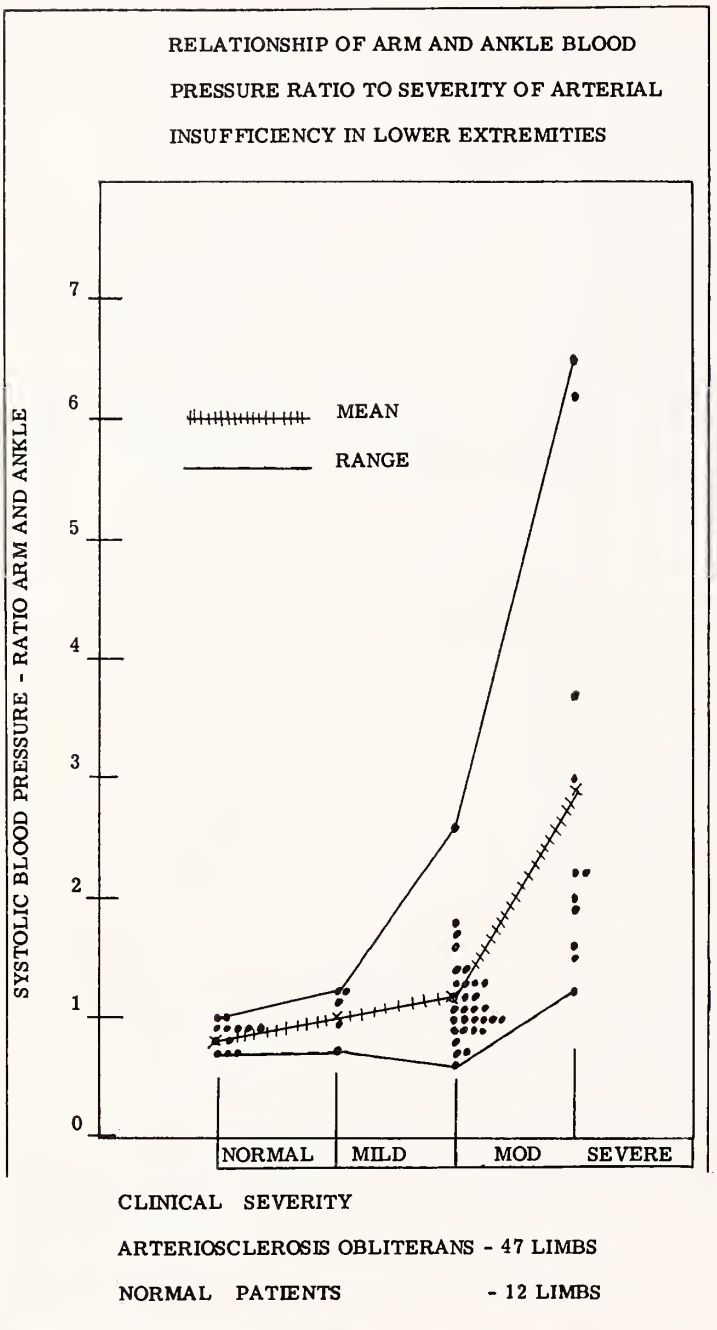


FIGURE 11

CRITERIA FOR CLINICAL SEVERITY OF ARTERIAL INSUFFICIENCY IN LOWER EXTREMITIES				
	NORMAL	MILD	MODERATE	SEVERE
INTERMITTENT CLAUDICATION	NONE	NONE	PRESENT	PRESENT
REST PAIN	ABSENT	ABSENT	ABSENT	PRESENT
ULCERATION	ABSENT	ABSENT	ABSENT	PRESENT
PULSATIONS OF FEMORAL, POPLITEAL, AND POSTERIOR TIBIAL ARTERIES	NORMAL	IMPAIRMENT NOT GREATER THAN SLIGHT IN 1, 2, OR ALL OF THE ARTERIES	MODERATE IMPAIRMENT TO ABSENCE OF PULSATION IN 1 OR 2 OF THE 3 ARTERIES; NO GREATER THAN MODERATE IMPAIRMENT IN AT LEAST ONE ARTERY	MODERATE IMPAIRMENT TO ABSENCE OF PULSATION IN ANY OR ALL
ELEVATION PALLOR	NONE	NONE TO SLIGHT	NONE TO MODERATE	MODERATELY SEVERE TO SEVERE
DEPENDENT RUBOR	NONE	NONE TO SLIGHT	NONE TO MODERATE	MODERATELY SEVERE TO SEVERE
ATROPHY	NONE	NONE	NONE	PRESENT

TABLE I

equals or exceeds the brachial pressure; it remains the same or rises after exercise. In the abnormal extremities the reverse occurs; the pressure drops following exercise, in some cases to very low levels. In Figure 11, the ratio of the arm-to-ankle blood pressure is plotted against the clinical severity of arteriosclerosis obliterans. Clinical severity was determined according to criteria listed in Table I. The study comprised 47 limbs with arterial occlusive disease and 12 normal limbs. The ratio tends to increase as the severity of the disease increases.

The results of these studies in preoperative and postoperative states often are striking. In Figure 12 is shown a patient with a gangrenous lesion of considerable size involving the right foot and ankle. In Figure 13 is this patient's aortogram, showing bilateral complete occlusion of the external iliac, common femoral and superficial femoral arteries. The profunda femoral arteries were patent bilaterally, receiving their perfusion via collaterals, and these in turn perfused the popliteals. Figure 14 shows the vascular profile of this patient before and after operation. There is marked deformity of both pedal digital pulse tracings, preoperatively. There is a marked increase in the arm/ankle ratio, bilaterally, greater



FIGURE 12

in the right lower extremity. This patient underwent reconstructive arterial surgery; aortic-bilateral femoral dacron graft, right femoral thromboendarterectomy, and right femoral-popliteal venous bypass graft were performed. Postoperatively, the pulse tracing from the right foot shows a dramatic return to normal. Also, the blood pressure in the right ankle has risen to 118 mm Hg, re-establishing a normal arm/ankle ratio. Of interest also is the rise in skin temperature in the right lower extremity, exceeding by almost 10 F the temperature of the left lower extremity. This patient had had a previous right lumbar sympathectomy which accounted for some of the temperature increase in the right foot; however, after reconstructive arterial surgery, there was a definite and significant additional increase.

In Figure 15 is the arteriogram of

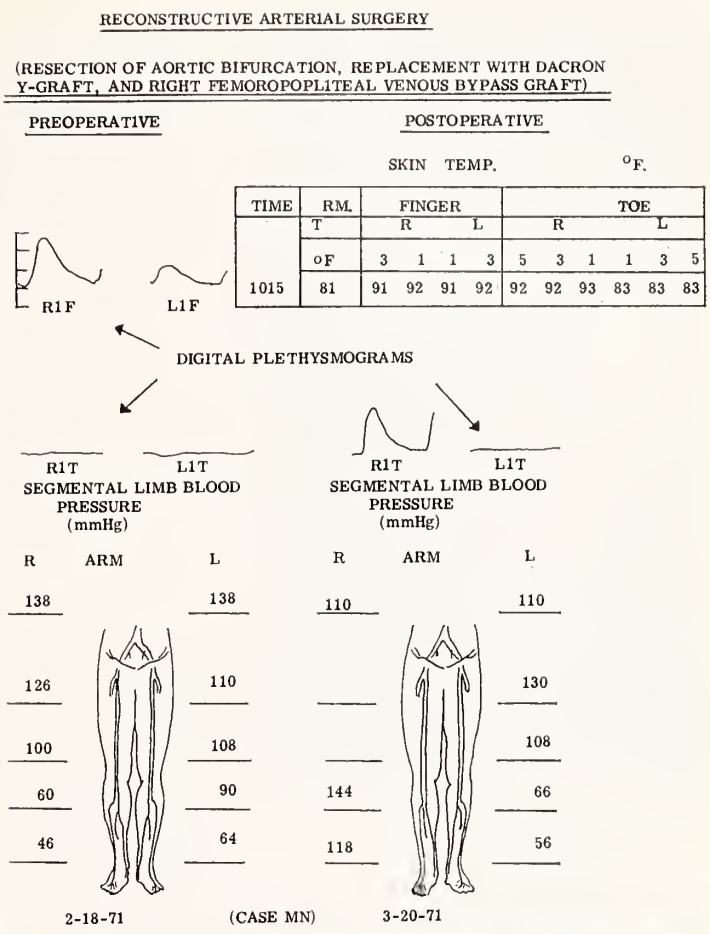


FIGURE 14

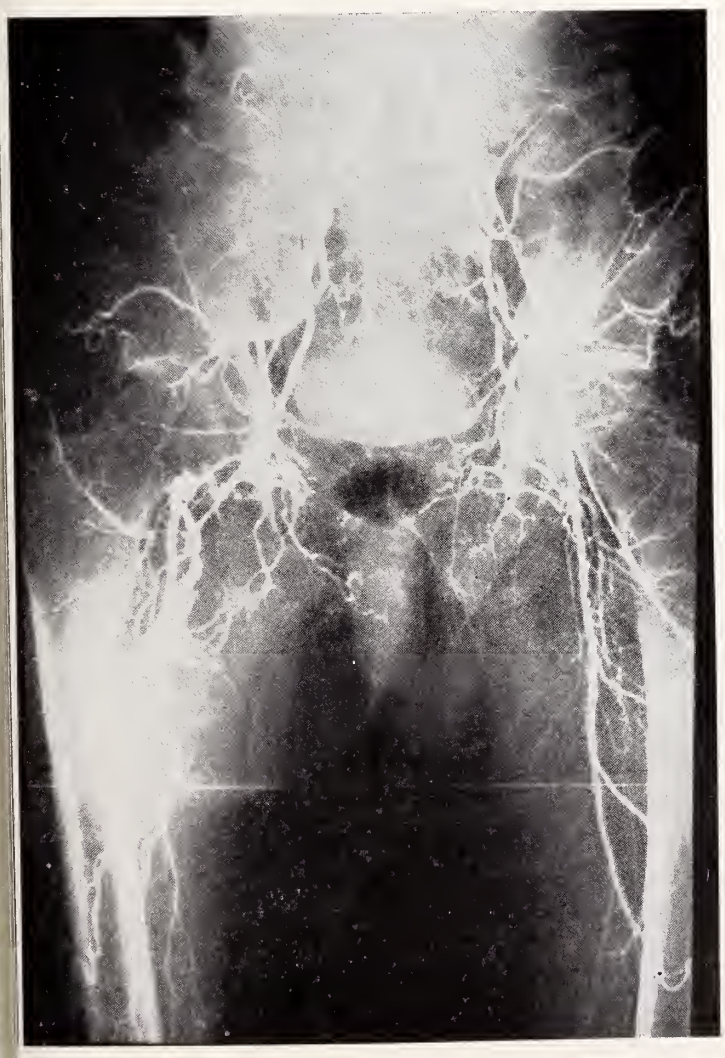


FIGURE 13



FIGURE 15

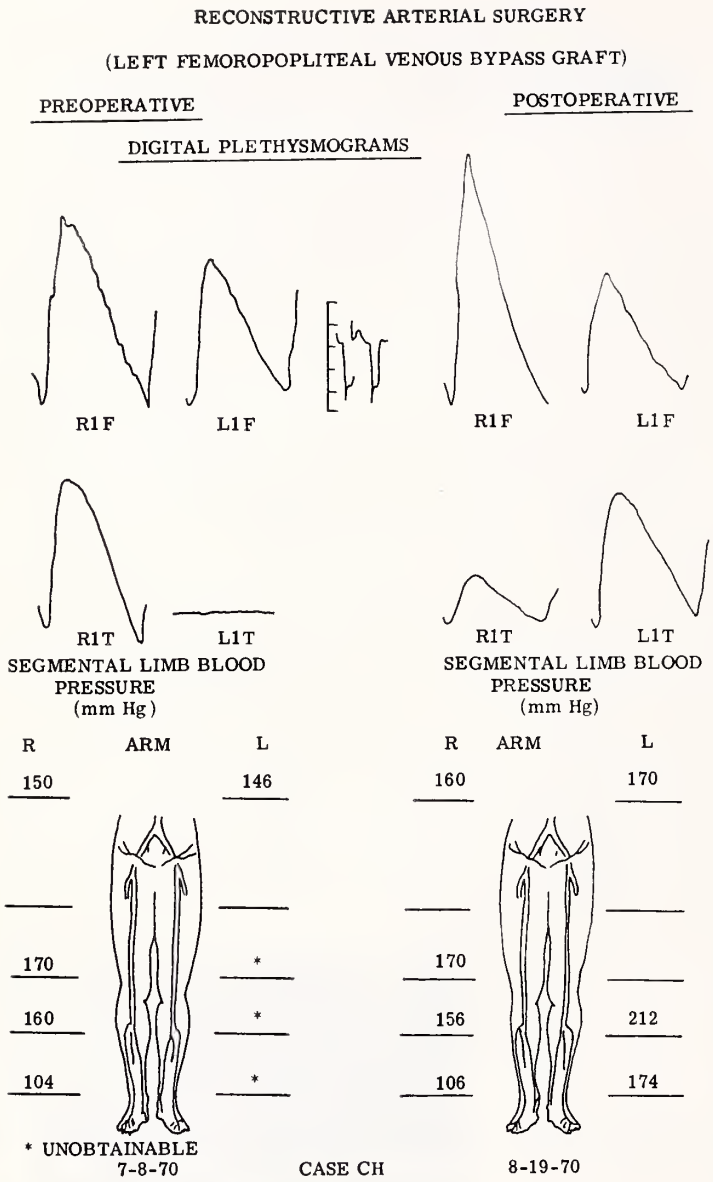
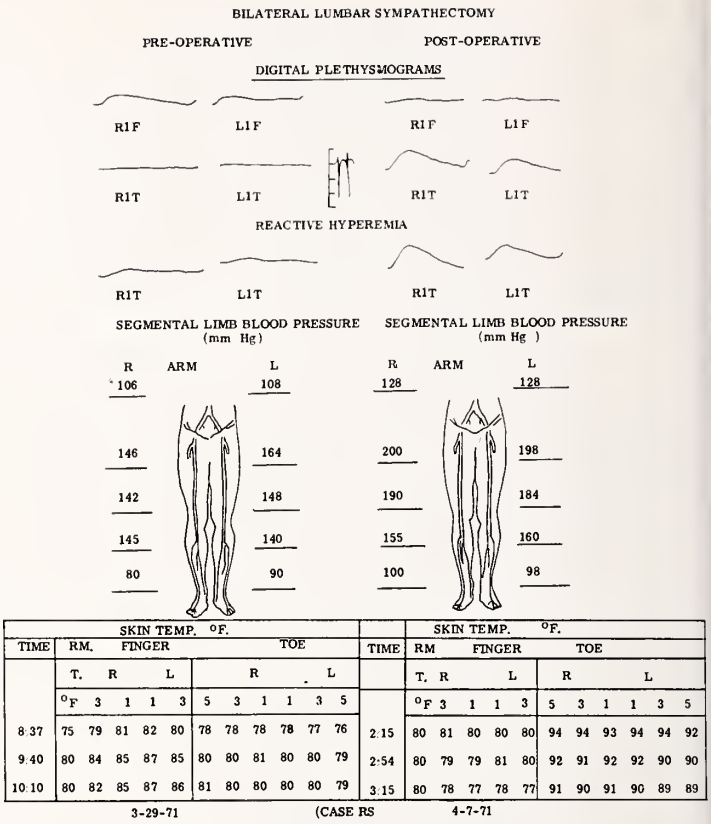


FIGURE 16



FIGURE 17



TIME	RM.	FINGER				TOE					
	T.	R			L	R				L	
	°F	3	1	1	3	5	3	1	1	3	5
8:37	75	79	81	82	80	78	78	78	78	77	76
9:40	80	84	85	87	85	80	80	81	80	80	79
10:10	80	82	85	87	86	81	80	80	80	80	79

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TIME	RM	FINGER				TOE					
	T.	R			L	R				L	
	°F	3	1	1	3	5	3	1	1	3	5
2:15	80	81	80	80	80	94	94	93	94	94	92
2:54	80	79	79	81	80	92	91	92	92	90	90
3:15	80	78	77	78	77	91	90	91	90	89	89

4-7-71

FIGURE 18

a man with an occlusion of the left superficial femoral artery. The profunda femoral remains open and via collaterals perfuses the popliteal artery which remained patent. In Figure 16 can be seen the physiological data before and after operation in this patient. The pulse from the left foot shows marked impairment; in the left lower extremity, the blood pressure was unrecordable. Postoperative studies, following a venous bypass graft from the profunda femoral artery to the popliteal, show a dramatic restoration of pulse in the left foot. Also, there was a dramatic reversal to normal of the arm/ankle blood pressure ratio.

In Figure 17 is an arteriogram showing bilateral triple-vessel disease of the popliteal trifurcation. This patient had occlusive disease of all three vessels branching from the popliteal artery, bilaterally. While there was some roughening of the lumen of both superficial femoral arteries, they remained widely patent. The serious involvement was located distally where the posterior tibial, the peroneal, and the anterior tibial were occluded. The patient's complaints had been coldness of the feet and intermittent claudication of the distal part of the legs and of the arches of the feet. He was not a candidate for reconstructive arterial surgery; to improve dermal circulation as prophylaxis against ischemic skin lesions, a bilateral lumbar sympathectomy was done. In Figure 18 are shown the physiological parameters of this case, preoperatively and postoperatively. Preoperatively, there is evidence of generalized vasoconstriction. After reactive hyperemia, there was some increase in amplitude of the pulse tracings from the toes,

suggesting the patient would benefit from sympathectomy. The arm/ankle pressure ratio was abnormal in both lower extremities, but the absolute level of ankle blood pressure was not greatly reduced. There was, however, a significant gradient between the ankle pressure and the more proximal levels of blood pressure, which corresponded well with the arteriographic findings. Postoperatively, there was a definite improvement in the pulse wave from both lower extremities but very little significant change in the segmental limb blood pressure. The blood pressures actually rose about 20 mm Hg bilaterally, but this was true of the upper as well as the lower extremities, representing a rise in systemic arterial pressure; almost certainly, the improvement in the pulse tracings represented improved cutaneous circulation by ablation of sympathetic tone and not by improvement in the lumen of the major arterial tree. There was a marked increase in skin temperature of both feet in the postoperative state. The temperature has risen more than 10 degrees F compared to the preoperative level. This is further evidence of the beneficial influences of this operation upon the dermal circulation.

A few examples of some of the other possible uses of these instrumental techniques in peripheral vascular disease will be given. In Figure 19 is the arteriogram of a patient with acute digital arterial occlusion of the right fourth finger. This shows occlusion of the ulnar artery and the ulnar side of the palmar arterial arch of the right hand; no arterial structures beyond the proximal phalanx of the fourth finger are visualized. The physiological studies are shown in Figure 20. The pulse tracing from the right fourth finger is markedly impaired; the fourth finger of the opposite hand has a normal pulse waveform. There is mild impairment of the pulse tracing from the right fifth finger. The skin temperature readings show marked lowering of the temperature of the right fourth finger and some lowering of the right fifth.

In Figure 21 is an example of the physiological findings in a case of Raynaud's phenomenon affecting the right third and left fourth fingers. Definite impairment of pulse amplitude in the tracing of the right third finger is shown as well as the impairment in the left fourth finger pulse. Corresponding decrease in skin temperature in these fingers is shown by the temperature chart. This patient



FIGURE 19

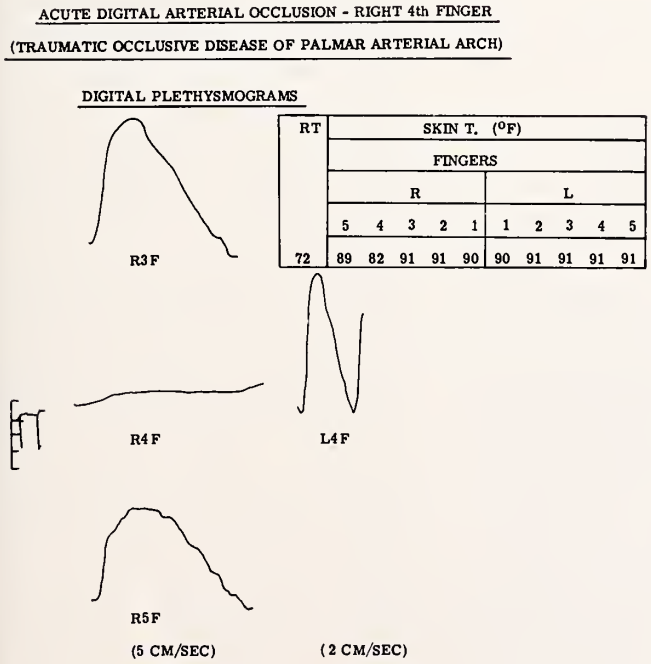


FIGURE 20

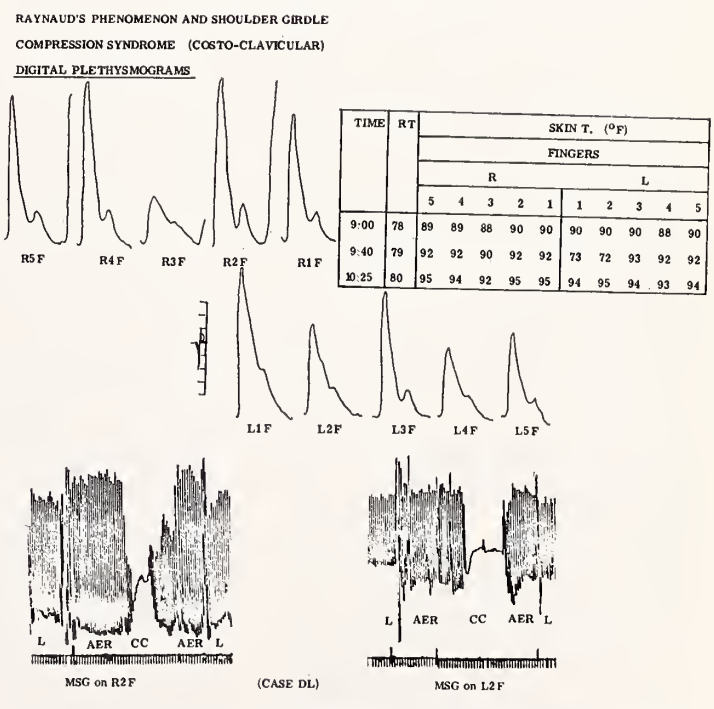
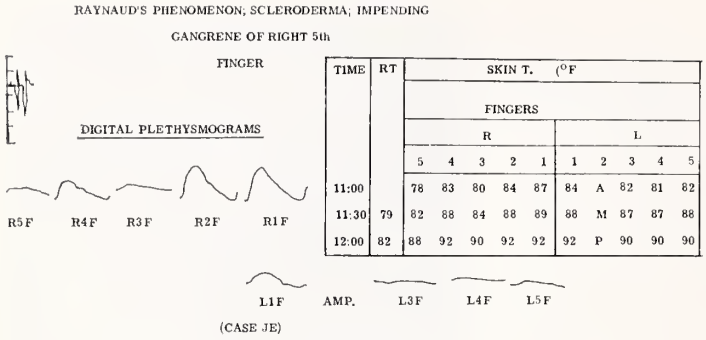


FIGURE 21

PAPER drive speed is quite slow, 0.1 cm/sec., when the thoracic outlet tests are recorded. See text for further description.



TIME	RT	SKIN T. (°F									
		FINGERS									
		R					L				
		5	4	3	2	1	1	2	3	4	5
11:00		78	83	80	84	87	84	A	82	81	82
11:30	79	82	88	84	88	89	88	M	87	87	88
12:00	82	88	92	90	92	92	92	P	90	90	90

FIGURE 22

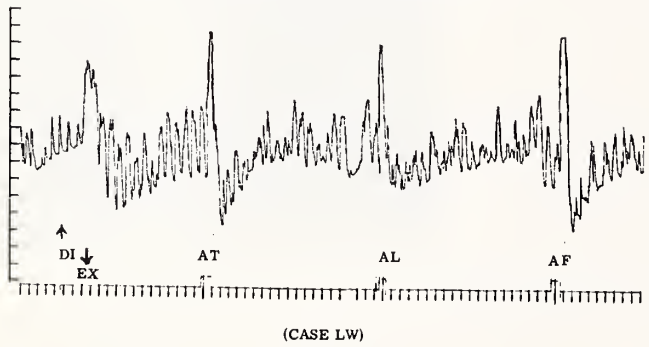


FIGURE 24

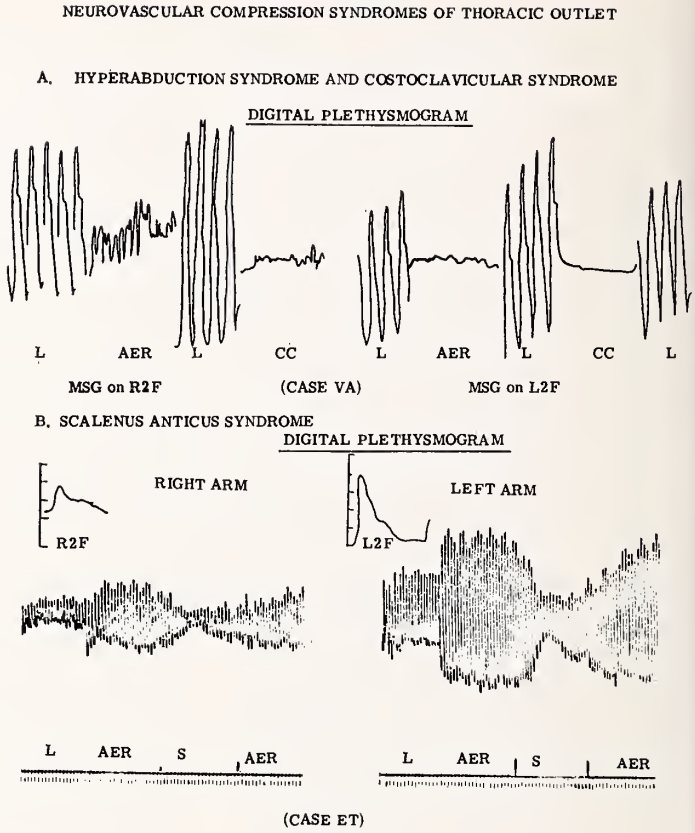


FIGURE 23

also was found to have a positive costoclavicular test, bilaterally. The mercury strain gage plethysmograph was used to confirm the clinical suspicion of thoracic outlet syndrome, according to the method of Roos[16] (see lower part of Figure 21). The "L" in the figure represents the lap position of the arm. When the arm is placed in abduction and external rotation (AER), normally there is an increase in pulse amplitude due to the greater venous run-off in the elevated position. In this case, when the arm and shoulders are placed in the costoclavicular position, there is obliteration of the pulse bilaterally.

A patient with scleroderma and Raynaud's phenomenon is exemplified in Figure 22. This lady had impending gangrene of the right fifth finger. The pulse tracing from the right fifth finger is markedly impaired. It also is markedly impaired in the right third and the left third, fourth and fifth fingers, yet the acute problem which this patient had was in the right fifth finger only. The other fingers were chronically ischemic. The left second finger had previously been amputated for gangrene. The skin temperature studies tend to confirm the acuity of the change in the right fifth finger, the temperature there being 5 degrees F lower than the adjacent finger, 9 degrees F lower than in the thumb during the initial readings.

Two additional examples of the thoracic outlet syndrome are exemplified in Figure 23. Above is shown a case in which both the hyperabduction and the costoclavicular tests were positive, bilaterally. On the left side of the illustration, representing the testing of the right upper extremity, there is definite damping of the plethysmogram during the hyperabduction maneuver. On the costoclavicular maneuver, there is almost complete obliteration of the pulse. The same is true of the left upper extremity. This woman was believed to have two different areas of subclavian artery compression. In the lower part of the figure, an example of a positive scalenus test is exemplified. This patient demonstrated the normal increase in amplitude of the pulse during the abduction-external rotation position compared to the lap position but definite damping during the scalenus (Adson) maneuver.

In Figure 24 is shown a recording of the Doppler ultrasonic velocity detector signals in the determination of venous patency. Audible signals produced by venous blood flow resemble the whistling sound of wind. In this case, the probe was placed over the femoral vein in the groin. In the figure, the waveforms of small amplitude represent the so-called venous "S" sounds (spontaneous sounds), whereas the large spikes represent venous "A" sounds (augmentation sounds). These are descriptive terms coined by Sigel and associates.[17] During inspiration, there is temporary diminution or disap-

pearance of the velocity sounds from lower extremity veins, but with expiration there is an intensification of the sound. This occurs, provided the venous channel is patent. If it is occluded, augmentation does not occur. The augmentation waves at the various distal levels shown in the figure occur during manual compression of the lower extremity by the examiner. "AT" represents compression at thigh level, "AL" represents compression at leg level, and "AF" represents passive dorsiflexion of the foot. If the proximal vein is patent, venous return is accelerated and an increased intensity of sound is heard, producing the spike or "A" wave on the record. If the proximal vein is occluded, as in venous thrombosis, no such "A" wave is produced.

Comment

It is clear from these studies that meaningful information concerning the peripheral circulation can be documented by these methods. Sumner and Strandness studied 35 patients with arteriosclerosis obliterans and claudication, both by venous occlusion plethysmography and by the determination of ankle/arm blood pressure as here described, and both at rest and after exercise.[6] They found that, under resting conditions, the ankle blood pressure was a more sensitive indicator of arterial disease than quantitative calf flow values. All resting ankle pressures were markedly lower than normal, whereas resting blood flow values by the plethysmographic method were normal. By contrast, after exercise both the quantitative flow values and the arm/ankle blood pressure patterns were abnormal and correlated well with the severity and the extent of the arterial occlusive disease. The more extensive the disease, the greater was the gradient between the brachial pressure and the ankle pressure. The greatest arm/ankle systolic pressure gradients were found in multilevel disease. In other patients suspected of having arteriosclerosis obliterans but in whom the resting ankle pressure was normal, these investigators found that exercise would often produce a pronounced drop in pressure and thus permit them to diagnose early arterial disease which would otherwise have escaped detection. The more extensive the disease, the greater was the postexercise drop in ankle pressure and the slower the recovery to pre-exercise levels.

Carter has confirmed the good correlation of indirect systolic blood pressure and pulse wave changes with the extent of occlusive arterial disease as determined by arteriography.[12] While his method of pulse registration utilized a slightly different method than that described in this paper, the pulse tracings were very similar. He utilized three parameters in his vascular profile, the arm/ankle pressure ratio (the ankle pressure expressed as a percentage of the arm pressure), and two time components of the pulse, the crest time (CT) and the width of the pulse waves at half amplitude (WD). He found that these time components were abnormally prolonged in the majority of limbs with arterial occlusive disease. By utilizing all three parameters, he was able to detect an abnormality in one, two, or three in 144 of 146 limbs studied from a group of patients with symptomatic stenosis or occlusion of the peripheral arteries. In only two of the 146 limbs were normal pressure and pulse waves found. He concluded that pressure studies and pulse wave recordings provide a sensitive method for the diagnosis and follow-up of patients with arterial occlusive disease. Others have corroborated these studies, notably Lennihan,[10] Yao et al.,[13] Bernstein et al.,[14] and Couch et al.,[15] utilizing slightly different methods.

Determination of the peripheral arterial pulse waveform and segmental limb blood pressures permits a semi-quantitative estimate of peripheral blood flow. This should be useful as complementary information to the history, the physical examination, and angiography in the work-up of a peripheral vascular patient. Skin thermometry adds additional information and might be considered a fourth parameter of the study. Such a vascular profile should provide help in diagnosis of the early case, the mild case or the questionable case in which the symptoms are atypical and the findings borderline; in estimating the severity of disease in the moderate and in the advanced cases; and in preoperative and postoperative evaluation of surgical patients. Whereas there is a small but definite incidence of serious complications from angiography, the procedures described here can be repeated many times without harm to the patient. Not every patient is a candidate for arteriography, yet the physician would like to know more about the vascular patient than is provided by physical examination alone. Elderly patients who are not candidates for surgery because of coexistent severe cardiac disease or serious nonvascular disease are in this category. In patients in whom reconstructive arterial surgery is feasible, arteriography preoperatively is essential, yet arteriography cannot be repeated postoperatively in every patient. The physician, nonetheless, would like to know what an arteriogram would show and what has been accomplished by the operation and have it documented. The physiologic studies described here, applied both preoperatively and postoperatively in such cases, would seem to provide useful corollary information and without risk.

These methods provide an objective, documented, semiquantitative record which appears to be useful in the determination of anatomic localization as well as severity in recognized arterial occlusive disease. It affords striking documentation in preoperative-postoperative studies of arterial surgery patients. The methods promise to be useful also in

the long term follow-up of chronic vascular cases from the standpoint of prognosis and of the effects of medical therapy, in epidemiologic screening of patients, and in the detection of early disease before diagnosis by physical examination is possible. Other possible uses are the confirmation of diagnosis of venous occlusion, both the acute and the chronic postphlebitic kinds, the determination of arterial patency in cases of phlegmasia cerulea dolens, the study of cases of combined peripheral arterial and venous insufficiency with complications, to assess the relative contribution of each vascular component, and the documentation of vasospastic diseases and the thoracic outlet syndrome.

Summary

Study of the peripheral vascular system by mercury strain gage plethysmography, ultrasonic velocity flow detection, and skin thermometry provides information which complements that obtained by history and physical examination and by angiography. By these methods, a vascular profile can be deduced. Noninvasive techniques, which are essentially painless, harmless, and can be repeated as often as desired, are utilized.

So far, in our hands the method has been of greatest value in the diagnosis of peripheral occlusive arterial disease. While more experience is needed to determine its ultimate role in routine diagnosis, the authors have found the physiologic arterial profile to provide a reproducible record which is helpful in the clinical assessment of anatomic involvement and of functional severity. The method also lends itself well to research studies.

In vasospastic and in venous diseases, our experience is not yet sufficiently large to formulate an opinion on clinical usefulness, except to state that the methods do provide documentation.

Acknowledgments

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Coronary Artery Bypass Using Autologous Vein

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Synopsis

THIS paper is a presentation of our experience with aorto-coronary bypass surgery in 150 patients.

All patients were symptomatic with angina pectoris and 42% had evidence of ventricular failure as determined by elevation of left ventricular end diastolic pressure (LVEDP).

A total of 276 grafts were placed in 150 patients with an operative mortality of 8%. The saphenous vein was used as the graft material in all but two cases. The cephalic vein was used in these two cases.

Patient follow up has been accomplished in approximately 95% of the patients over a two year period; 78% are now angina free. Only one patient has had a myocardial infarction. Coronary arteriograms have been done postoperatively in 67% of the patients. Patency of the grafts has been demonstrated in 85%.

Introduction

The surgical treatment of coronary artery disease has made rapid advances in the past three years. Prior to this time the evolution of surgical therapy was slow and results were equivocal.

Attempts at direct reconstruction of diseased coronary arteries have met with disappointing results. Longmire and associates, whose experience spanned 10 years, performed coronary artery endarterectomies in 25 patients. In most cases, this procedure was used to clear the right coronary artery, but the incidence of postoperative occlusion was high.[1]

Patch angioplasty and vein graft interposition were an improvement over thromboendarterectomy, but these procedures were associated with a high incidence of stenosis or thrombosis. When applied to branches of the left coronary artery, these technics carried a prohibitive mortality.[2,3]

The aortic-to-coronary artery bypass operation, utilizing the saphenous vein, appeared on the scene in 1967, popularized by Dudley Johnson and Rene Favaloro.[4,5] The success of this surgical procedure can be ascribed to the fact that arteriosclerosis of the coronary arteries is limited to the proximal few centimeters and almost never involves coronary arteries less than two millimeters in diameter.[6,7,8]

This paper presents our experience with 150 patients with arteriosclerotic heart disease treated by autologous vein bypass surgery.

Patients without evidence of left ventricular failure had an operative mortality of less than 5%. When left ventricular failure existed, documented by a poor ventriculogram or elevation of the left ventricular end diastolic pressure above 25 mm Hg, the operative mortality was approximately 35%.

Patient Material

One hundred and fifty patients had aorto-coronary bypass surgery. All patients in our study group were evaluated by cardiologists and had selective coronary arteriography. Ages ranged from 30 to 71 years, average age 52 years. There were 130 males and 20 females.



FIGURE 1

AN artist's conception of the aorto-coronary bypass. The stippled tube depicts a saphenous vein which has been anastomosed end-to-side to the ascending aorta on one side of the obstruction and end-to-side to the coronary artery distal to the obstruction. Using these principles, up to four bypass grafts have been done at one time.

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All patients were symptomatic with angina pectoris. Fifty-five percent of the patients had had a previous myocardial infarction. Only one patient with an acute myocardial infarction had surgery and this patient was moribund due to an acute ventricular septal defect related to the infarction. Acute myocardial infarction was considered a contraindication for this surgical procedure. All other patients with significant and symptomatic coronary artery disease were accepted as surgical candidates.

A ventriculogram was done as part of the coronary artery evaluation by our cardiologists. Ventricular function was rated good, fair and poor. When a ventriculogram showed complete emptying with no areas of dyskinesia, it was rated good; ventriculograms which showed areas of dyskinesia or paradoxical movement of the ventricular wall with moderately reduced ability to empty were judged to be fair; when the ventricular muscle showed diffuse impairment of function with left ventricular dilatation and grossly impaired ability to empty, the ventriculogram was termed poor. In general, patients were not turned down for surgery because of poor ventricular function, or for poor run-off as determined by coronary arteriography.

Left ventricular function as judged from the ventriculogram was poor in 13%, fair in 26% and considered good in 61% of the patients. The left ventricular end diastolic pressure was normal, (less than 13 mm Hg pressure) in 54% of the patients and was elevated in 42%. There were no data on the remainder. Ventricular aneurysm was seen in seven patients severe enough to require surgical correction at the time of the vein graft.

Multiple coronary artery involvement with arteriosclerosis was seen in 80% of our patients. All three vessels were diseased in 37% of the patients, and 43% had two vessels involved.

A total of 276 grafts were performed in the 150 patients treated, with a hospital mortality of 8%.

Four deaths were the result of left ventricular failure and represented the only cardiac deaths in this group of patients, most of whom had severe cardiac disease.

One technical failure, aortic dissection following arch cannulation, resulted in death. Two patients suffered fatal pulmonary embolism. Renal failure, mediastinitis, gastrointestinal hemorrhage, cerebral vascular accident and arrhythmia each accounted for one fatality.

One hundred and thirty of our patients had good or fair ventriculograms. This group had an operative mortality of only 3.8%.

Elevation of the LVED pressure was another finding associated with operative mortality. Sixty-two patients had elevation of the LVED pressure above 13 mm Hg with nine deaths for an operative mortality rate of 14.2%. Operative mortality in those patients with normal pressures was 5%. When only those patients with elevation of pressure above 25 mm Hg. were considered, the operative mortality rose to 33%. This group consisted of nine patients with three deaths.

Operative Technic

The saphenous vein is utilized as the graft material. If this vein is not usable because of disease or vein stripping, the cephalic vein is used. This occurred in only two cases in this series.

The use of cardiopulmonary bypass, hypothermia and anoxic arrest provides a quite bloodless field and the aorta may be cross-clamped for periods up to 20 minutes.

The obstructed coronary artery is followed distally to a portion that is relatively free of disease. Magnifying loops are used to perform the anastomosis on these terminal coronary arteries. Continuous 7-0 teflon coated dacron sutures are used in the distal anastomosis. Proximally, the vein is sutured to the ascending aorta using separated ostia.

The majority of patients received a graft to the LAD, usually in combination with one of the other vessels. Multiple grafts were done in 72% of the patients with 12% receiving three grafts (see Table #1).

TABLE 1

	Single Graft	Double Graft	Triple Graft
RC	22	62	18
LAD	18	77	18
Cx	2	41	18

Follow-Up

Patients have been followed for up to two years. Current information has been obtained in approximately 95% of our patients.

Of those followed, 78% are now angina free and no longer use nitroglycerine; 56% have returned to full activity while 40% have limited activity. The remainder are retired or sedentary.

Postoperative angiography has been used in the majority of patients to study patency of the grafts. Sixty-seven percent of the patients have had this study done from two weeks to two years after surgery. Patency was demonstrated in 85% of the grafts. Because of the high incidence of multiple grafts, most of the patients with occluded grafts had at least one patent graft. Only four patients in this series had no patent grafts demonstrated.

In this two-year postoperative period only one patient has had a probable myocardial infarction. This patient also had an aortic valve replacement, which could have contributed to this complication. By comparison, five patients had myocardial infarctions while waiting to be operated on, and two of them died. The waiting period for surgery was two months or less. This is suggestive evidence that the surgical procedure could decrease the incidence of myocardial infarction.

Discussion

For purpose of discussion, the coronary artery circulation consists of the right coronary artery (RC),

the left anterior descending (LAD), and circumflex (Cx) arteries. Significant obstruction is considered to be stenosis of 75% or more of the vessel.

Recent reports of saphenous vein bypass of diseased coronary segments have been encouraging.[9,10,11,12] Previous surgical management of coronary artery disease has been ineffective or associated with a high mortality.[1,2,3]

Our experience and the experience of others has demonstrated that the bypass procedure can be performed with relatively low mortality.[9,10,11,12] Mortality figures are even more impressive when the marginal cardiac reserve of these patients is considered. Our data reveal that if severe impairment of left ventricular function exists, as determined by poor ventriculogram or elevation of LVED pressure above 25 mm Hg, the operative mortality is approximately 35%. When the ventriculogram is good or fair and the LVED pressure is normal, the operative mortality drops to 5%.

The precarious nature of these patients is also reflected by the fact that five of our patients had myocardial infarctions while awaiting surgery. Some reports have indicated that preoperative mortality has been as high as the operative mortality.[14]

This procedure allows direct revascularization of the left coronary system. Previously, patients with severe involvement of the left coronary artery and its branches were excluded from surgical treatment. Those treated surgically had mortality rates near 50%.[3] The majority of our patients had at least one limb of a bypass graft to the left coronary artery system.

This method of revascularization is attractive in that it supplies immediate relief to an ischemic heart muscle. Another important feature of this procedure is that, despite extensive involvement of the vessel, suitable segments for anastomosis are found in all but a very few coronary arteries.

The efficacy of distal coronary bypass awaits the trial of long term follow-up, but most authors agree that short term studies are impressive.

The patency rate as demonstrated by postoperative angiography has been 85%. Measured flow rates in these grafts have been 8-10 times the measured flow rates in successful internal mammary artery implants.

It is possible that patency rates may decrease with longer follow-up. Progression of the occlusive process of the coronary vessels could influence flow rates and cause occlusion.

A real measure of success of the procedure will be whether it alters the natural progress of the disease and protects the patient from myocardial infarction. It is impossible to predict how many of our patients would have had myocardial infarcts over the two year follow-up period, but if one extrapolated from the five who suffered myocardial infarcts during the few weeks while awaiting surgery, one would expect more than one infarct after discharge during the more than two years we have been performing this operation.

Summary

The vein graft bypass operation as performed in 150 patients has been found an effective tool in rehabilitation of the patient with arteriosclerotic heart disease and angina. This can be accomplished with a mortality of less than five percent in patients without left ventricular failure and an overall mortality of eight percent. There is suggestive evidence that the operation decreases the incidence of myocardial infarction.

Addendum

Since this abstract was submitted an additional 170 patients have been operated upon utilizing the technics described. The findings and conclusions remain unchanged.

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Extrauterine Location of a Majzlin Intrauterine Device

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Abstract

THIS is a clinical report of the operative removal of an extrauterine Majzlin Spring. There have been only a few reports of this complication in this particular device.

Report of a Case History

The Majzlin Spring is a relatively new intrauterine contraceptive device of which data are just now beginning to accumulate as to its effectiveness and hazards. A recent report by Sobrero and Pierotti[1] indicates that this device may present some advantages over the Lippes Loops C & D, but their overall impression was that it was not superior to the Loop. They stated that, since 1967, only three uterine perforations have been reported among approximately 20,000 insertions of the 21,000 Majzlin Springs distributed by the manufacturer. There also were no perforations in their study of 492 women who received the Majzlin Spring. The following is a case report of a perforation of a uterus by the Majzlin Spring.

Case Report

This patient is a 21 year old para 1 gravida 1, who had a Majzlin Spring inserted in August 1970 in another city. Her first office visit was January 18, 1971, and she stated that her last period had been November 15, 1970, but that she had skipped periods in the past. She was completely asymptomatic. On examination the thread of the Majzlin Spring could not be seen, and the cervix was rather dusky and soft. The uterine fundus was anterior, slightly enlarged and slightly softened.

The next office visit was the 15th of February 1971, and she stated that she had had a normal menstrual period the 26th of January. The examination still did not reveal the

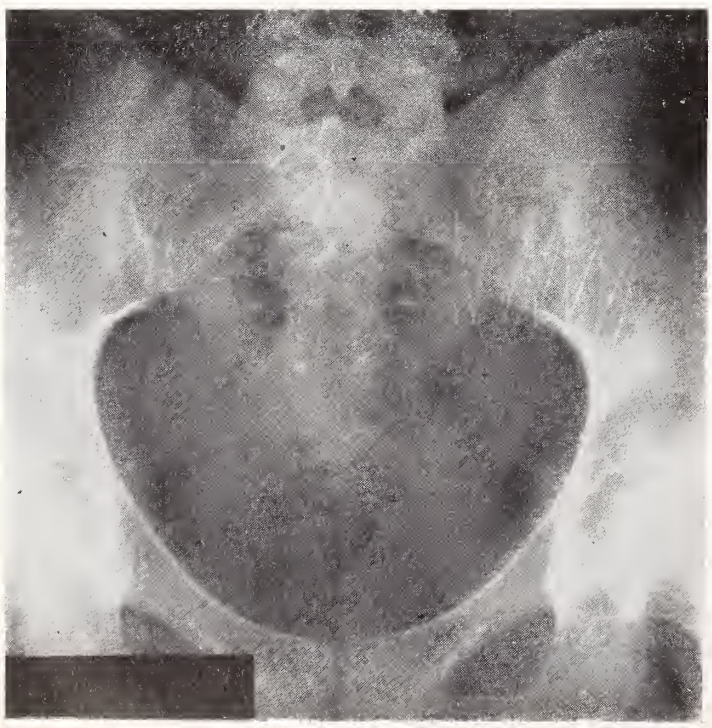


FIGURE 1
AP of the pelvis. Intrauterine device which is not compressed or confined, and is almost surely outside of the uterine cavity.

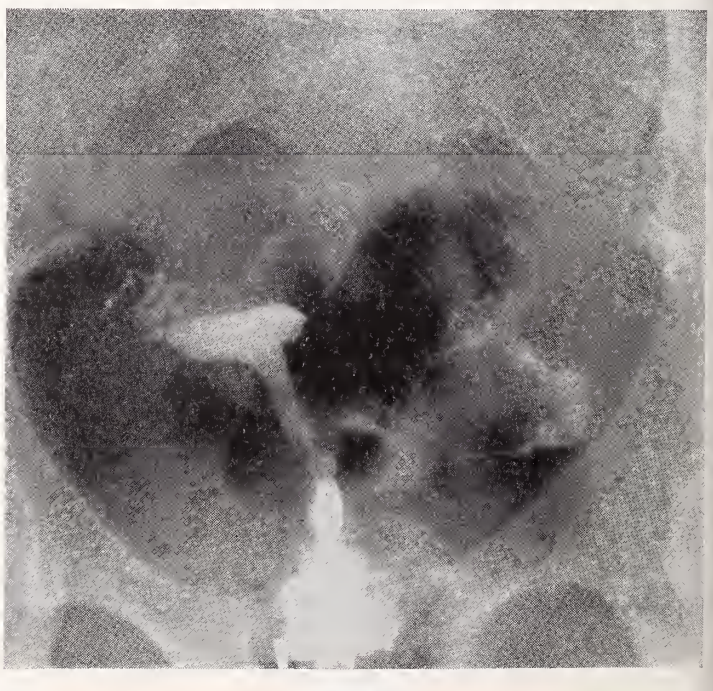


FIGURE 2
HYSTEROSALPINGOGRAM. The uncompressed Majzlin spring is definitely outside the uterus.

string and the uterus itself was of normal size, shape and consistency. AP and Lateral x-rays of the pelvis were obtained, and they revealed the Majzlin Spring to be not compressed together, and lying anterior and above the normal uterine position Figure 1). A hysterosalpingogram was performed and this revealed the uterus to be markedly anteverted and tilted to the right, with normal filling of the tubes and bilateral peritoneal spill (Figure 2). The uncoiled Majzlin Spring was definitely outside the uterus and separated from it by 6 to 8 cms. It was lying in the left lower quadrant, anterior to the sigmoid colon. On February 25, 1971, an exploratory laparotomy was performed through a Pfannenstiel incision, and the Majzlin Spring was found to be wrapped in the greater omentum in such an intimate fashion that it could not be separated manually, and a portion of the omentum was resected in order to remove the device. The uterus itself was inspected and no area of perforation or defect could be seen. At the time of surgery a Dalkon Shield was inserted in the uterus from below. The patient's postoperative course was uneventful.

Discussion

One of the alleged advantages of the Majzlin Spring is the extremely low rate of perforation, and it is for this reason that this case is reported. It is conceivable that some physicians might have elected to leave the Majzlin Spring in its extrauterine location, but it was our feeling that, because of its configuration, it would be a potential hazard in reference to possible bowel obstruction.

Conclusion

This is a case report of a perforation by a Majzlin Spring and its subsequent surgical removal. The hazard of perforation certainly seems to be present in all of the intrauterine devices in current usage.

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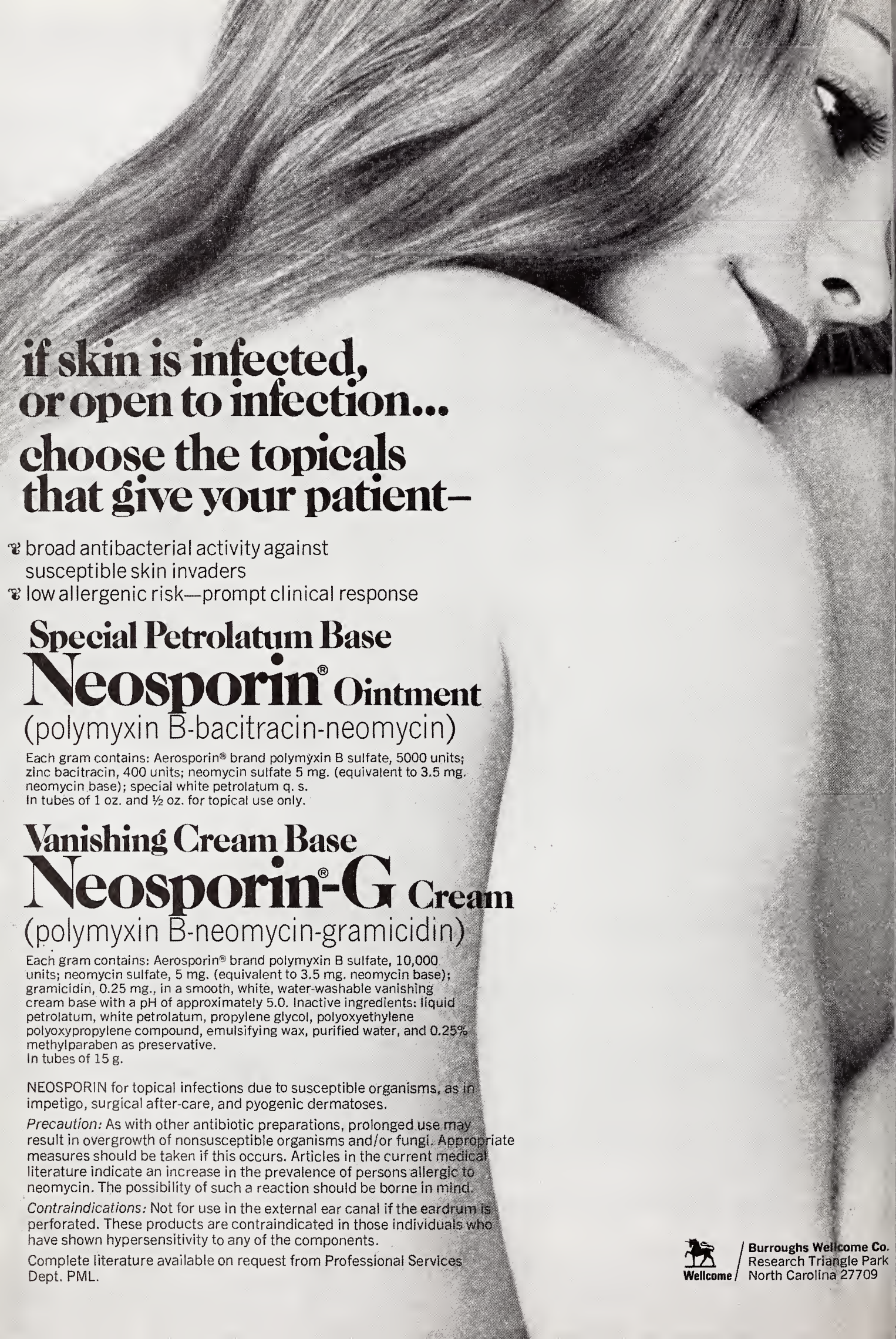
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Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Services Dept. PML.

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Poisonous Spiders of Indiana and a Report of a Bite by Chiracanthium Mildei

SHERMAN A. MINTON, JR., M.D.
Indianapolis*

SPIDER bites in the United States are being reported in increasing numbers probably due to greater availability of medical care and greater interest in the problem. There is no reason to think spider populations are increasing; however, the human population certainly is, and certain spiders may be shifting from a primarily outdoor and rural habitat to an indoor existence in cities and suburbs. Bites by a greater variety of spiders are being recorded, and it now appears that any spider whose fangs are capable of penetrating human skin may cause at least local, transient envenomation. Although no spider bite fatalities from the state have been recorded during the past 13 years, two species of Indiana spiders, the black widow, *Latrodectus mactans*, and the brown recluse spider, *Loxosceles reclusa*, are known to be dangerously venomous. This paper reports the bite of a third species which, while probably not dangerous to life, can cause clinically significant envenomation.

The patient was a 51-year-old woman in excellent health and with no history of allergy or previous spider bite. On December 1 while swimming in a heated indoor pool in Indianapolis, she felt a sudden stinging sensation on the left forearm. She noted a small spider floating on the surface of the water, captured it and brought it immediately to my office. At that time she had a red wheal about 2 x 1 cm on the lateral aspect of the forearm 6 cm distal to the elbow. Since the spider was tentatively identified as *Chiracanthium*, a genus previously incriminated in moderately severe cases of arachnidism, she was given 4 mg of dexamethasone sodium phosphate MSD (Decadron) intramuscularly. After an hour, the erythema had faded, and after 3 hours she was asymptomatic.

On December 4, the patient noted slight redness, swelling and itching at the site of the spider bite. This increased until December 7, at which time there was a 7 x 5 cm zone of erythema and nodular induration with a few small petechiae. Regional lymph nodes were not palpable, and there were no systemic symptoms. A second 4 mg injection of Decadron was given. A gradual decrease in the erythema and induration began, but complete resolution required about three weeks.

Dr. H. W. Levi of the Museum of Comparative Zoology, Harvard University, identified the spider as an adult female *Chiracanthium mildei*.

Spielman and Levi[1] reported five cases of necrotizing skin lesions attributed to spider bites in the Boston area. *Chiracanthium mildei* was suspected as the cause because of its abundance and because its bite produced similar lesions in animals. Bites by *C. inclusum* have been reported from California and Georgia[2] and bites by other species of the genus from Hawaii and southern Europe. Some of these were accompanied by local necrosis, pain, fever and adenopathy. *Chiracanthium*



FIGURE 1

CHIRACANTHIUM MILDEI: Specimen mentioned in text; photographed in life. Body length 7 mm.



FIGURE 2

BLACK widow (Latrodectus mactans) Live specimen found in suburbs of Indianapolis. The light ventral marking (red in life) is characteristic. Body length 15 mm.



FIGURE 3

BROWN recluse spider (Loxosceles reclusa) Preserved specimen from Gibson Co., Indiana. The dark mark on the cephalothorax is characteristic. Body length 12 mm.

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mildei is a small (7-10 mm body length) spider with a pale brown cephalothorax and white abdomen. It has no distinctive marks. It was originally native to Europe, North Africa and the Middle East and was introduced into the United States where it is now widely distributed. It normally inhabits thickets and hedge rows but adapts well to life in houses and other occupied buildings.

The presence of the black widow in Indiana has been known for many years, and cases of poisoning from its bite have been reported.[3] It is more common in the southern half of the state and usually found in outdoor situations or in barns, sheds and other buildings not regularly inhabited. It is my impression that it is less plentiful today than in the 1940s and 1950s. The northern widow spider, *Latrodectus variolus*, has been reported from scattered Indiana localities but seems to be uncommon.[4] It is an outdoor species that often spins its web in trees. Bites by this species have rarely been reported but are much like those of the black widow. The venom has a slightly lower toxicity for animals.

The brown recluse spider was first reported from Indiana in connection with a severe case of envenomation from Gibson County.[5] Although definitely known only from the southern half of the state, it is a species that often lives in houses and is readily transported by man. The dangerous nature of its bite is well established.

I have personal knowledge of three other Indiana spider bites in which the arachnid was definitely identified. One was inflicted by the golden orb-weaver (*Argiope aurantia*), a familiar garden species; the other two by large terrestrial wolf spiders (*Lycosa sp.*). Both resulted only in local pain that disappeared within an hour.

Poisoning by the black widow and other species of *Latrodectus* responds promptly to intravenous calcium gluconate or methocarbamol (Robaxin). Dosage should be based on the severity of symptoms and therapeutic response but should not exceed 30 ml per day. Antivenin is available and should be given to small children or those with cardiovascular disease. Poisoning by the brown recluse and other spiders of the genus *Loxosceles* is probably best treated by one or two moderately large injections of corticosteroid (e.g., hydrocortisone sodium succinate 500 mg or dexamethasone sodium phosphate 20 mg). Severe hemolysis may require transfusions and maintenance of an alkaline urine. *Loxosceles* antivenin is not available in the United States. Treatment of poisoning by other North American spiders is empirical and symptomatic. If possible, the remains of spiders that have bitten people should be preserved in alcohol, formalin, or similar material and submitted to a specialist for identification.

Acknowledgment

Figures 1 and 3 by Illustration Department, Indiana University Medical Center.

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Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to those pregnant patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. Exacerbation of moniliasis may occur. In amebic liver abscess, aspirate pus during metronidazole therapy.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified. Flattening of the T wave may be seen in EKG tracings.

Dosage and Administration

For Trichomoniasis. In the Female: One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during, and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used,* one 500-mg. insert is placed high in the vaginal vault eac day for ten days and the oral dosage reduced to two 250-mg. tablets dai during the ten-day course of treatmer Do not use the vaginal inserts as th sole form of therapy. *In the Male:* Pr scribe Flagyl only when trichomonac are demonstrated in the urogenit tract, one 250-mg. tablet two times dai for ten days. Flagyl should be taken t both partners over the same ten-day p riod when it is prescribed for the ma in conjunction with the treatment of h female partner.

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Interactions of Quinidine

JAMES E. BERGER, Ph.D.
Indianapolis*

QUINIDINE is an established therapeutic agent that has been proven useful in various cardiac arrhythmias since the work of Wenckebach 1914. An excellent review article re-evaluating the use of quinidine and its basic pharmacology was done by Kay.[1] It is an accepted phenomenon that when the drug is employed in clinical situations of cardiac arrhythmia, the patient must be "titrated" by the physician to the desired conversion status hopefully with minimal side effects.[13,14] The possibility of untoward effects may occur, such as reversible ventricular fibrillation capable of causing unconsciousness and death, but these are rare.[2] This idiosyncratic complication is more apt to occur in diseased hearts and in the early phases of quinidine sulfate therapy than with atrial fibrillation of short duration.[2] Quinidine has been successfully used as maintenance therapy in cardioversion treatment for various types of arrhythmias.[1]

A study of Rossi & Lown (1967) included 270 patients with chronic atrial fibrillation who were treated with 1.2 gm/day of quinidine sulfate prior to cardioversion. Thirty-six of these patients (mean age 54) converted to normal sinus rhythm with the drug alone, while the remainder needed cardioversion. These patients required less intense and fewer shocks to restore sinus rhythm and remain converted than patients not receiving quinidine prior to cardioversion. Only 20% of this group complained of any side effects from the drug. These authors concluded that quinidine as used had little hazard and definitely benefited their patients.[3]

This type of controversial therapy leaves much to be desired for, in this age of emphasis on drug interactions, there are many agents that can interfere with the action of quinidine.[13,14] It is the purpose of this article to review several significant drug interactions involving quinidine.

Acidosis and Alkalosis

Quinidine acts as a weak base in the blood. It has been demonstrated in patients to be a more effective drug in mild metabolic alkalosis since less is excreted in an alkaline urine. Under these conditions greater side effects have occurred due to the increased half-life of the drug.[4] The converse is true in patients having mild metabolic acidosis as the half-life in the body is shortened.[4] Thus the use of antacids concurrent with quinidine administration should signal the need for an adequate warning to the patient by the clinician or the pharmacist.

Anticholinergic Agents

Quinidine's anticholinergic activity has been known for some time.[5] Consequently, if any anticholinergic compound is administered concurrently with quinidine, enhanced anticholinergic side effects—such as dry mouth, blurred vision, constipation, etc.[5]—may be noted. In myasthenia gravis patients stabilized on neostigmine (Prostigmin) quinidine antagonism results in the return of myasthenia gravis symptoms.[5]

Antihypertensive Agents

Quinidine has been reported to potentiate the hypotensive effects of diuretics, guanethidine and alpha-methyldopa, necessitating an adjustment in hypotensive medication dosages in order to prevent orthostatic hypotension.[6] However, combined with reserpine quinidine may cause arrhythmias, in addition to a decrease in blood pressure.[7]

Antiarrhythmic Agents

The concurrent use of propranolol or procainamide with quinidine in certain atrial fibrillations has produced an additive effect in converting the heart to a normal sinus rhythm. Therefore, reduced doses of the individual drugs were needed for a therapeutic effect. However, with propranolol an ensuing bradycardia has resulted requiring greater caution in quinidine adjustments.[7] The effects of digitalis and quinidine interaction in treatment of cardiac arrhythmias is well documented[5] and may result in fatal ventricular arrhythmias or in severe bradycardia.[9]

Anticoagulant Therapy

Many reports caution the combined use of quinidine with oral anticoagulants because the effects of the latter are potentiated and may lead to hemorrhagic episodes. Quinidine has been reported to produce this effect by depressing prothrombin formation, inhibiting synthesis of vitamin K or displacing the anti-

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coagulant from its protein-binding site in the serum.[6,10]

Antimalaria Therapy

If pyrimenthamine (Daraprim) is given to a patient currently under quinidine (or quinine) therapy, an exacerbation of "chinchonism" may occur with ensuing arrhythmias. This has been demonstrated to be due to quinidine (or quinine) displacement from protein binding sites by the antimalarial agent. In addition, neutropenia may be produced.[11]

Skeletal Muscle Relaxants

Any muscle relaxant, either of the curariform type or the depolarizing type, is potentiated by quinidine. (This also includes those antibiotics possessing neuromuscular blocking action such as kanamycin, streptomycin and neomycin.) This action occurs due to the direct effect that quinidine (and quinine) has at the myoneural junction.[12]

In addition, quinidine has been demonstrated to interact with thrombocyte production, resulting in thrombocytopenia and the blood dyscrasia thrombocytopenic purpura. Any other agents that may give rise to this syndrome (such as penicillin, phenylbutazone, barbiturates, hydantoins (Dilatin) should be used with caution if given with quinidine in susceptible patients.

In summary, it is readily seen that quinidine interacts with many types of medication. This may account, in part, for some erratic results observed by many clinicians whenever using this drug in the past. Hopefully, the clinician of the future may ascertain from his patient records, as well as the pharmacy medication records, any other drug the patient may be taking concurrently with quinidine before he concludes that a lack of effectiveness or increased side effects are due solely to quinidine.

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From *The Journal* 50 Years Ago

It has been well put by Newhart, when he says, "No branch of medical science is more neglected or none offers more promising results than study of ear diseases. Too long has the attitude of the average practitioner toward disease of the ear been one of passive indifference, confessed helplessness, or boasted ignorance." The charge for this blame should properly be laid to schools that made the doctor. Many of the schools, despite high classification, continue mediocre service to their students. The general practitioner's lack of enthusiasm in otology is due to this failure of the schools to provide sufficient and proper instructions in diseases of the ear, nose, throat and mouth. The head mirror and otoscope, and how to use them, are as essential as the stethoscope, and should be a part of every practitioner's armamentarium. Especially is this true in our particular climate.

Babies are absolutely unable to localize pain, and children up to ten years of age, unreliable. If it were possible that children could be relied upon to express themselves accurately as to pain, the affection of the ear should be discovered before pain has made its appearance. It requires but a limited amount of practice to be able to see and acquaint one's self with an ear drum and its half dozen landmarks. Any doctor could well afford, and he would derive satisfaction and pleasure to himself, besides being of inestimable value to his patients, if he would take three or four weeks' training in diagnosis in one of our numerous clinics. The tendency has been universal, among laity and profession, to neglect everything but the most obvious and painful ear affections.—D. O. Kearby, M.D., Indianapolis, "What the General Practitioner Can Do in Otology," *JISMA*, May 1922.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Drug Interactions

THIS issue of *The Journal* will inaugurate a new feature devoted to the subject of drug interactions. As the potency and specificity of pharmaceuticals has increased it has become apparent that various drugs will enhance, alter, modify, decrease or cancel the conventional effect of other drugs. The science of pharmacology is developing a large body of knowledge on this phenomenon.

As more and more specific drugs are developed it has become common to have patients with more than one disorder who receive several potent preparations simultaneously.

A tally of medications has become a part of modern medical history. Precautions are necessary at times because the patient has consulted more than one physician for more than one ailment and has received prescriptions from each physician.

The custom of labeling the medication with the drug name has been encouraged in order that the patient may inform any subsequent practitioner what the pharmaceutical treatment has included.

Many pharmacists monitor their customers' multiple pharmaceutical adventures for the purpose of detecting dangerous combinations.

Dr. K. L. Kaufman, Dean of the Butler University College of Pharmacy, has accepted the invitation of *The Journal* to arrange for his staff to prepare a short discussion on Drug Interactions. This feature will appear periodically.

Readers may address letters to *The Journal* to request information on this important subject or to request discussions on certain drugs.

Registry of Emergency Medical Technicians-Ambulance

A new entity has been formed to encourage the training of ambulance attendants and to record and certify their accomplishments and dependability.

The AMA Commission on Emergency Medical Services has been helpful in organizing the Registry of Emergency Medical Technicians-Ambulance. The organization was actually formed by the Ambulance Association of America, the International Associations of Chiefs of Police, the International Association of Fire Chiefs, the National Ambulance and Medical Supplies Association, the International Rescue and First Aid Association, the National Funeral Directors Association and the National Sheriffs Association. Each of the founding bodies furnishes one director to the controlling board.

Four physicians were elected to the Board of Directors for a term of one year with the intent that the majority of the Board of the Registry would always be lay members—that is, those providing services.

The purposes of the Registry are as follows:

(a) To promote the improved delivery of emergency medical services by:

(1) Assisting in the development and evaluation of educational programs to train Emergency Medical Technicians-Ambulance;

(2) Establishing qualifications for eligibility to apply for registration;

(3) Preparing and conducting examinations designed to assure the competency of Emergency Medical Technicians-Ambulance;

(4) Establishing a system for annual registration;

(5) Establishing procedure for revocation of certificates of registration for cause;

(6) Maintaining a directory of registered Emergency Medical Technicians-Ambulance.

(b) To develop guidelines and programs to assist individuals who

have completed emergency medical technician programs to raise their level of competence to assure the provision of improved emergency medical services; and

(c) To do any and all things necessary or desirable for the attainment of the purposes stated above.

The Registry is designed to be self-supporting. For the initial organizing expenses the Ambulance Association of America provided $2,000, and non-interest loans for $15,000 were provided by the AMA and by Employers Insurance of Wausau, a company which has long been active in efforts to upgrade emergency medical services on a community basis.

The office of the Registry will be in Columbus, Ohio, P.O. Box 29233, Zip 43229. Mr. Rocco Morando will be the executive secretary.

Mass. Confusion

IN Massachusetts it is now illegal to issue a prescription for any of a number of drugs without specifying both the generic and the brand name.

The Serlin Bill, which was passed in August 1970, created a drug formulary commission charged with the responsibility of preparing a formulary of generic or chemical, and brand names of drugs and pharmaceuticals considered by the commission as therapeutically equivalent. The law further requires that a physician prescribing by brand name a drug listed in the formulary shall, in each prescription, oral or written, also include the generic name or the chemical name of the drug, if any.

The Massachusetts State Pharmaceutical Association has found it necessary to issue an open letter to the consumers of Massachusetts in order to acquaint them with what the law does not require.

The law does not confer upon the patient the right to demand and receive the drug under its generic name, the law does not require the pharmacist to dispense the generic drug upon the presentation to him of a prescription bearing both names. The law does not, in other words, indicate the person or persons to make the decision as to which of the two names contained on the prescription is to be delivered to the patient. Additionally, the law does not require that the formulary contain all prescription drugs.

The pharmacists' letter points out that pharmacists know, as a result of professional training and experience, that several manufacturers may produce generic drugs and that the same training and experience may allow the pharmacist to reach the opinion that the generic drug of certain manufacturers will not be therapeutically equivalent to the brand name on the prescription.

The letter also states that tests by government agents do not insure therapeutic equivalency in all cases, and that the Massachusetts formulary was compiled without adequate testing to insure equivalency.

The consumers are advised that, in cases in which generic equivalents are available, such generic preparations will be dispensed, although without any dramatic savings. The consumers are reminded that it has long been the custom for pharmacists, on their own initiative, to direct consumers to savings which are available through the purchase of generic equivalents.

Certainly, reliability and dependability are the most important ingredients of any potent drug. It is folly to contemplate a "bargain" of a few percentage points when an unreliable product is obtained. In the life-saving game a cheap drug may prove to be the most expensive thing in the world.

The Physician as a Guarantor of Insurance

FOR several years now various do-gooder members of society have found an amazing number of social and economic problems which, in their zeal, the do-gooders have attempted to saddle on the medical profession. Under the above title an editorial in *St. Louis Medicine* outlined the most recent addition:

The physician's primary duty to provide medical care for the sick has been extended to expanding spheres including "preventive medicine," "rehabilitative care," "health maintenance" even to total care implying available care at all times for every person as a right. As if this were not a challenge of sufficient magnitude there have been increasing attempts to hold the physician ACCOUNTABLE for the costs of hospitalization based on a contract between two parties neither of whom the physician totally controls. The insurer then presumes to insist that the physician perform in such a way that its contract cost is minimized, that the patient be treated effectively, and THAT PHYSICIANS THROUGH THEIR PEER REVIEW SYSTEM determine FOR THE INSURER that each test and treatment is compensable. These determinations are done in retrospect and must differ with each health insurance contract. In essence the physician is expected to be infallible in assessing the need for hospitalization, cognizant of the patient's insurance contract, and if in error on either count to FINANCIALLY REIMBURSE THE CARRIER AND HOSPITAL.

Medical diagnosis is not an exact science contrary to certain lay impressions and some physicians' vanities. Flagrant and repeated abuses must be prevented but better means are available, including preadmission certification, clearly defined limitations of policy, and innovative outpatient insurance underwriting. Certainly the physician treating a hospitalized patient receives minimal financial reward from unnecessary laboratory tests. The judgment of physician's financial responsibility related to the decision of hospitalizing a patient is hardly defensible.

Guest Editorial

PMA Urges Rejection of Proposed Drug Benefit Controls

IN a letter to the chairman and members of the Senate Finance Committee, the Pharmaceutical Manufacturers Association has urged the rejection of proposals by Senators Montoya and Ribicoff which would add controls to the drug benefit program under Medicare, restricting physicians and exposing patients to the possibility of receiving inferior medication.

Those negative characteristics are present in two proposals now being considered by the Committee in its deliberations concerning House-passed H.R. 1, 92nd Congress. They would establish a single national formulary, out of which prescribing for the elderly under the Medicare program would be accomplished. The formulary would not be supervised by physicians at the local level (as is now the case under Medicare in the hospital setting); it would be controlled by a small group of Washington-appointed experts. Further, the government would determine the price at which each prescription would be reimbursed whether or not the actual cost in the community were the same.

PMA told the Finance Committee that proponents of a Federal restrictive drug list are failing to recognize the need for flexibility in determining the source and variety of medications available for prescription. Noting the success of many hospital formularies, PMA said that they work because they "reflect the opinions and desires of the prescribing doctors themselves," and although the question of cost is given close attention, it is not considered at the expense of quality." And, finally, the medical staff is free to veto the purchase of drugs manufactured by firms of uncertain or unknown reputation, and they may, whenever their judgment indicates, prescribe outside the formulary. These freedoms would not be available in practicable terms under the current proposals.

Concerned over the quality of medications that might be dispensed under such a program, PMA stressed that there is now general recognition that equivalency among products of the same generic name cannot be taken for granted, and that no overall guarantee can be given that every generic product in any drug class can be relied upon now or in the future. That being the case, PMA contended that the individual judgment of the physician, based upon his own observations and those of his associates, must remain key factors in product specification.

Finally, PMA observed that the administrative expense of running a highly rigid, regulation-heavy program would be extremely high.

As a part of its comments to the Committee, the association noted that "the great majority of the aging can manage the cost of their medications, because they are fortunate enough not to incure the major prescription expenses that are such a burden to a few." Still, the PMA said, "It is also clear that the elderly, as a group, require a significantly larger number of prescription medications than any other age group . . . nearly four times the rate for the under-65 group."

A rational, effective and administratively sound program, according to the PMA letter, would make the prescription benefit "an integral part of the medical benefits program." Prescription costs would be covered, in part, after a fixed deductible, combining medical and prescription costs had been met—as is the case now under many private "major medical" plans. A "modest" utilization review program, in which rational use of medicines would be reviewed by the prescriber's medical peers along with the rest of his performance, would be a necessary part of the plan. Additionally, PMA suggested that prescribers could benefit from more information on relative cost, at retail, of alternate medications, as part of the effort to maximize the quality of care.—*National Pharmaceutical News*, **March 1972. Reprinted with permission.**

Editorial Notes . . .

The Food and Drug Administration has issued regulations which will alert pharmacists and patients to the necessity of protecting nitroglycerin tablets against deterioration. Evaporation renders the tablets useless unless they are kept in tight containers. The USP changes which are proposed would require the tablets to be packaged in tight containers, preferably glass, no more than 100 in each container, to be dispensed in the original container with instruction to the patient to keep the tablets in the original container, tightly closed.

The National Aeronautics and Space Administration has a great thing going on fire-resistant apparel. NASA research developments are the favorite reading of clothing designers from firemen's suits to high style women's wear. Protective fabrics now cost about 10 times what flammable materials do, but if the market increases markedly the differential will narrow considerably.

Fire control sprinkler systems protect large floor spaces such as warehouses and factories with great efficiency. The same systems are too expensive for installation in hotels, apartments and houses. The American Mutual Insurance Alliance reports that recent research shows that especially engineered sprinkler systems may be constructed from less expensive and lighter gauge equipment for use in small rooms. Tests also indicate that the cost will be reasonable and the protection adequate.

Purdue scientists have induced laboratory animals to become addicted to alcohol and then have erased the addiction. The animals are induced to drink intoxicating quantitites of alcohol. Alcohol preference in rats is linked to the amount of serotonin in the brain. The drug p-chlorophenylalanine (p-CPA) reduces serotonin levels in the brain. When p-CPA is fed to alcohol-addicted rats their consumption of alcohol decreases significantly. No studies have been made on humans, but there just might be a cure for old Uncle Slug, after all. That is, if he wants to be cured.

Dr. Andre Robert, researcher at the Upjohn Company, has shown that injections of nicotine into rats causes them to develop duodenal ulcers twice as often as the controls. This finding is compatible with the observation of Jacobson that the secretion of alkaline pancreatic juice is dependent upon stimulation by secretin which, in turn, is inhibited by the action of nicotine. Robert plans additional studies in laboratory animals. The amount of nicotine used was much greater than that acquired by humans in smoking cigarettes.

An artificial heart, powered by nuclear energy, is now being tested in calves. The National Institutes of Health announces that tests over a period of 10 years or more will be necessary before it will be suitable for use in humans. The next four years' work will be devoted to a determination as to whether the device can be adapted to humans. In the calf a six-pound engine and a two-and-a-half pound pump are necessary. Lesser weights are contemplated for humans. The power source is 100 grams of plutonium-238. It has been shown on other laboratory animals that proper shielding will protect against chromosomal damage even when the encapsulated plutonium is close to the pregnant uterus.

The National Aeronautics and Space Administration has contracted to equip a room in the Huntsville, Ala. hospital with various switches, controls, monitors and actuators needed for an environmental control system for handicapped persons. Various applications of NASA-developed technology may be useful in aiding quadriplegics to control the total environment of the room. A sight switch, which is actuated by having the patient look into a sensor fitted to eyeglass frames, is the key device of the system.

The Pharmaceutical Manufacturers Association will again cooperate with hospitals in Washington, D.C., by providing summer jobs for high school students. The project was started last year and proved so successful it is being continued. It is basically for the purpose of stimulating interest in health careers. The students will occupy assistant's jobs in various hospital departments. PMA pays their salaries. Last year staff members and regular hospital employees applauded the work and enthusiasm of the students.

Clinical reports in JAMA tell of the appearance of viable sperm in some post-vasectomy patients as long as four months after operation. Pregnancy during a period when the husband is presumed to be sterile would be so disconcerting as to warrant informing all vasectomy patients of the six months postoperative questionably safe period.

One variable which is encountered in the investigation of drug actions and reactions in conventional laboratory animals is due to bacterial action on the drug in the animal's intestinal tract. Notre Dame's germ-free animal laboratory has received a grant from the National Institutes of Health to study either germ-free animals or animals with only known microbial species. A precise knowledge of the metabolism of such animals (gnotobiotes) will permit their use later to determine the effects on health of various environmental agents.

The American College of Physicians, with its prime interest in graduate and continuing education, and the American Society of Internal Medicine, with its prime interest in the social and economic fields, are in the process of amalgamating. The realization that each of their primary interests could not be advanced without due regard for the other's, together with the practicality of joining two large dynamic societies for the purpose of accomplishing common goals has been the basis for merger talks.

Hospital price inflation is slower now. Last year's average rise of 11% sounds better than the 17.5 percent increase of the year before. The average length of stay also dropped from 7.8 days to 7.7 days. The rate of occupancy decreased from 77.6 percent to 75.9 percent. Outpatient visits in 1971 were reported at 145.8 million, up from 136.5 million.

National Aeronautics and Space Administration physicists have found that, by altering the electron beam of their microscope, they can distinguish distances of about one Angstrom. This is three times the resolution possible with a conventional instrument. It makes the study of free atoms and molecules much more feasible.

The Pharmaceutical Manufacturers Association *Annual Survey Report* for 1970 states that more than 120,000 substances were tested for possible medical purposes by the pharmaceutical firms in 1970. Of these, only 1,013 got as far as the clinical testing stage. The PMA will conduct a seminar for science writers at Rockefeller

University on May 24 to discuss the phases of drug development. The research task of discovering a new drug is well known, but the work that is necessary between discovery and widespread clinical use is not appreciated.

Spacecraft technology is used to achieve a high degree of sterility in the operating room air in St. Luke's Hospital in Denver. A 10-x-10 foot plexiglass and aluminum shield fits around the operating table. Air which has been filtered to remove dust and bacteria is circulated from the rear of the enclosure to the front. Surgeons and nurses wear clear plastic helmets. An opening at the top of the helmet admits air for breathing; exhaled air is removed by vacuum tubes. Headsets provide communication between surgical team members.

Philadelphia citizens have formed the "Alliance for the Eradication of Venereal Disease." The Alliance is planning a "VD: Counterattack." Over 50,000 residents will canvass the city and urge everyone to seek medical attention if venereal disease is suspected. Local industry is supplying the financial muscle. Wyeth Laboratories has provided 70 programmed learning machines for use in various medical facilities to provide up-to-date clinical information for physicians in preparation for the expected diagnostic and therapeutic rush.

Not one person wearing a combination lap belt and shoulder harness has been killed in an auto accident at speeds of up to 60 miles per hour. And not one driver wearing a lap belt alone has been killed at the wheel of a car equipped with a collapsible steering assembly in an accident below 50 mph. These statistics are by courtesy of the National Highway Safety Bureau. In addition, General Motors testifies that it knows of no death in an accident below 80 mph in any of its cars in which an occupant was wearing a belt-harness combination.

The American College of Cardiology gave the prudent diet a well deserved although belated endorsement and practical trial this year at the Annual Meeting in Chicago. All College luncheons and its Convocation Banquet were specially prepared on a low-cholesterol, low-fat and low-calorie plan. The hotel catering staff and chairman of the ACC Luncheon Panel Committee planned the menus with due regard to palatability. The news media included the basic rules for the menu plan in their stories on the affair. The College hopes to start a trend for all conventions for the avoidance of the high-cholesterol, high-calorie type of convention fare.

Ear parts have joined the transplantation team. Dr. Roger E. Wehrs of Tulsa has reported on his experience in transplanting 164 eardrums with better than 90% take and 70% return of good hearing. A group of surgeons in San Jose, Calif., has transplanted eardrums with or without the three ossicles. In both instances the spare parts are taken, with consent of relatives, from patients just dead but without ear disease. The temporal bone may be removed without visible mutilation. ◄

Letters

to the editor

March 23, 1972

To the Editor:

I am compiling case reports of allergic reactions to biting insects—i.e., mosquitos, fleas, kissing bugs, bed bugs, gnats and flies (including horsefly, sandfly, deerfly). I am also interested in reactions to fire ants.

I would like physicians to supply me with case reports of those patients who have had reactions to such insects. Include in your reports: the history of the type of reaction and complications if any; the immediate treatment; if desensitization were attempted, what were the results? Send to: Claude A. Frazier, M.D., 4-C Doctors Park, Asheville, N. C. 28801.

CLAUDE A. FRAZIER, M.D.

April 6, 1972

To the Editor

I am writing to correct an error appearing in the March issue of our fine *Journal*. The "108 Hoosiers Certified by Family Practice Academy" were actually the diplomates certified by the American Board of Family Practice as charter members, having passed the examination during the first two years of the Board's existence.

Most are also members of the Indiana Academy of Family Practice, but the organizations are separate.

KENNETH L. GRAY, M.D.
Speedway 46224

New Indiana Blue Cross and Blue Shield Service Center Dedicated

NEARLY 200 of Indiana's top business, industrial and governmental leaders assembled in the Indiana Blue Cross and Blue Shield Service Center on Monday evening, February 28, 1972, to honor and dedicate the Service Center's historic beginning last year.

The dedication ceremony climaxed a phased effort begun last August to unite 1,950 employees within the Service Center designed for prompt, effective service to nearly 2 million Hoosiers.

In addition to being the first facility ever created to specifically serve the needs of Indiana Blue Cross and Blue Shield members, the Service Center has met this need with virtually immediate results. As one example, Service Center technology assisted Indiana Blue Shield in processing nearly 7 million claims last year in private and government business combined. During the same period, Blue Shield scored a 14% increase over claims processed during 1970 in regular business. While record results are traditional with Indiana Blue Cross and Blue Shield, the Service Center's already recorded contributions are nevertheless outstanding.

In appreciation of the Service Center a number of dignitaries spoke at the dedication. On behalf of the Boards of Directors, the officers and employees of Indiana Blue Cross and Blue Shield, Blue Cross President James C. Herod expressed a commitment of the Service Center to the ideals which gave birth to Indiana Blue Cross and Blue Shield more than a quarter-century ago. He said, "We pledge to continue to work with all the allied health professions in making quality health care available to all our citizens at the lowest possible cost. While our primary responsibility must be to our own two million members, we nevertheless accept the larger task to work for the general welfare of all our Indiana citizens. To this principle, we dedicate this building."

Sharing Mr. Herod's dedication theme were others speaking that night. Mr. William H. Krieg, a Blue Cross Director, served as toastmaster, and welcome addresses were given on behalf of the co-sponsors of the event by American Fletcher National Bank President Frank E. McKinney, Jr., and Indiana National Bank President John R. Benbow.

Indiana Governor Edgar D. Whitcomb opened the remarks. He was followed by Blue Cross Association Executive Vice President D. Eugene Sibery and the Executive Vice President of the National Association of Blue Shield Plans James D. Knebel. The keynote speaker was William L. Miron, president of the Automotive Group of the Bendix Corporation. Among other celebrities present were representatives of several health care related associations, including Dr. Peter R. Petrich and Dr. James H. Gosman, president and president-elect of the Indiana State Medical Association, and Dr. Joseph Dukes, chairman of the Board of Trustees, ISMA.

People representing some of the well known names from Indiana Blue Cross and Blue Shield history were also recognized: Mrs. Guy W. Spring and Mr. Spring's son David and his wife; Mr. and Mrs. Morris Blumberg, son and daughter-in-law of the first Indiana Blue Cross member and early financial backer of the Blue Cross idea, Morris Blumberg; and the senior Mr. Blumberg's one-time secretary, Miss Marie Schneidel.

Following the series of dedication speakers, executive areas of the Service Center were open for touring. Comments from visitors were plentiful and all complimentary—a pleasant closing to the first ceremonial day in a new era of service for Indiana Blue Cross and Blue Shield. ◄



SEATED near the speaker's table during the dedication dinner are: (left to right, clockwise) Mr. Samuel G. Gunnerson, Indianapolis, president of the Indiana Nursing Home Ass'n; Mr. Harry T. Haver, Jr., Danville, president-elect, Indiana Hospital Ass'n; Dr. Peter R. Petrich, Attica, president of ISMA; Mr. James A. Waggener, Indianapolis, Executive Secretary, ISMA; Dr. Joe Dukes, Dugger, Chairman of the Board of Trustees, ISMA.

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Empirin Compound with Codeine No. 3 contains codeine phosphate* (32.4 mg.) gr. ½. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.



When you select this familiar antibiotic for IV infusion you have available a broad dosage range that hospitalized patients may need.

Intravenous Lincocin (lincomycin hydrochloride, Upjohn), with its 1.2 to 8 grams/day dosage range, covers many serious and even life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Lincocin IV therefore can be as useful in your hospitalized patients as its IM use has proved to be in your office patients. As with all antibiotics, *in vitro* susceptibility studies should be performed.

1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25–30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

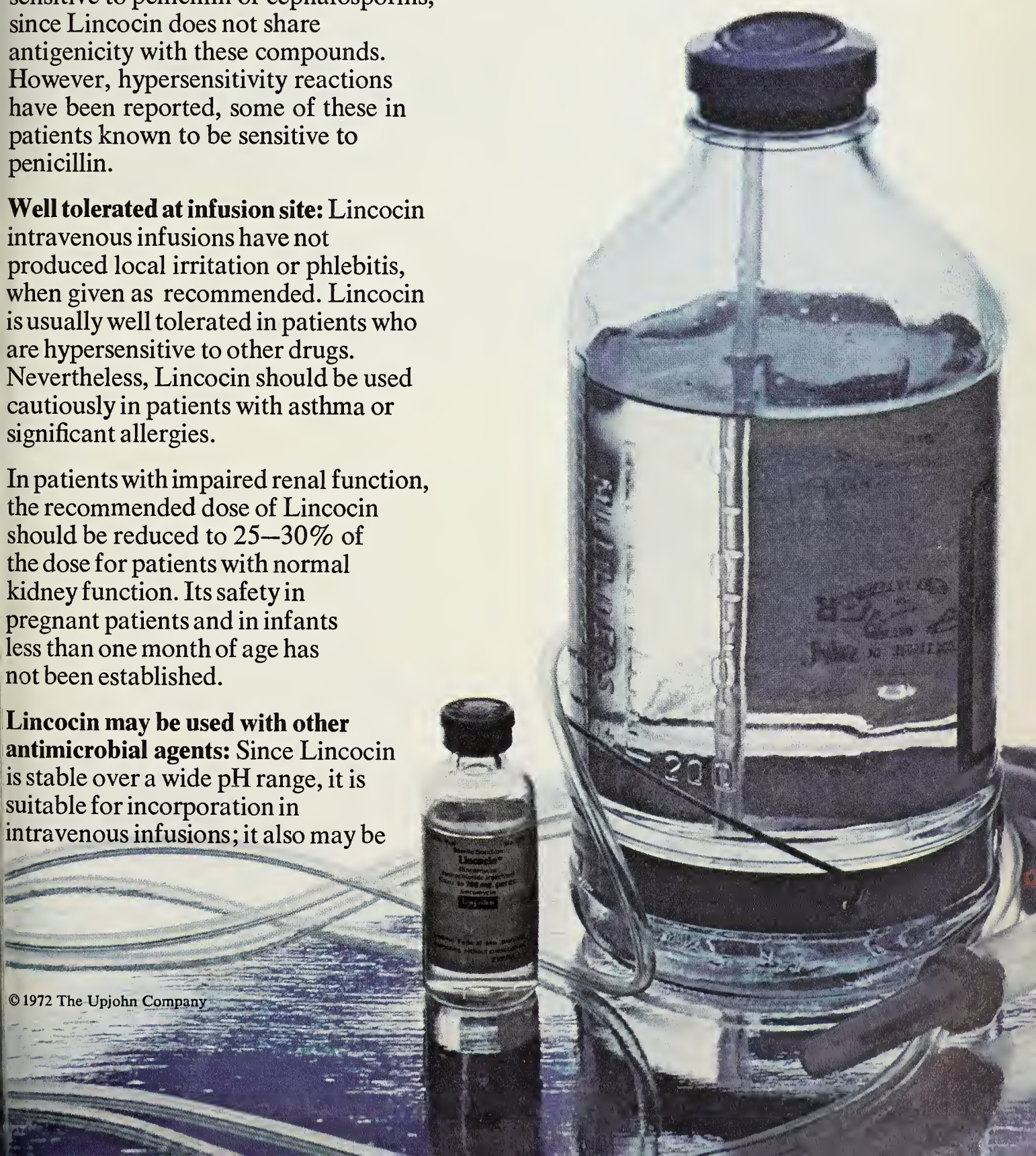
Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

Lincocin®

Sterile Solution (300 mg per ml)

(lincomycin hydrochloride, Upjohn)

For further prescribing information, please see following page.



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Sterile Solution (300 mg. per ml.)

Lincocin®

(lincomycin hydrochloride, Upjohn)

Up to 8 grams per day by IV infusion for hospitalized patients with life-threatening infections. Lincocin is effective in infections due to susceptible strains of streptococci, pneumococci, and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

Each preparation contains:	Lincomycin hydrochloride monohydrate equivalent to lincomycin base
250 mg Pediatric Capsule	250 mg
500 mg Capsule	500 mg
*Sterile Solution per 1 ml	300 mg
Syrup per 5 ml	250 mg

*Contains also: Benzyl Alcohol 9 mg; and, Water for Injection—q.s.

Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reactions*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

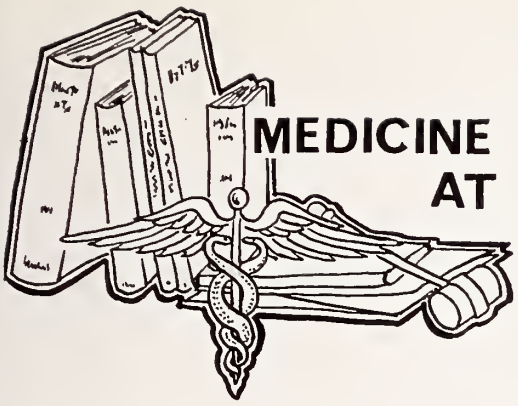
HOW SUPPLIED: *250 mg* and *500 mg* Capsules—bottles of 24 and 100. *Sterile Solution, 300 mg per ml*—2 and 10 ml vials and 2 ml syringe. *Syrup, 250 mg per 5 ml*—60 ml and pint bottles.

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MEDICINE AT LAW

Physician Liable for Unnecessary Tests and Surgery—A jury verdict granting $56,000 to a patient who claimed that unnecessary tests and surgery were performed upon him was upheld by a Michigan appellate court. The patient also said that he had not consented to the surgery.

The patient claimed that he had entered the hospital for treatment of his injured right foot and ankle. While there, certain tests were performed. According to the patient's complaint, a cervical sympathectomy was later undertaken. The patient stated that he never consented to the surgery, and brought suit against the physician and hospital.

The physician claimed that: (1) the patient did not set forth the specific manner in which the physician violated the standard of practice with respect to the surgery; (2) the hospital records diclose that the surgery was in fact a scalene node biopsy and carotid body excision, and not a cervical sympathectomy; and (3) the statute of limitations barred the suit, since the operation occurred more than two years prior to the filing of suit.

In affirming the judgment for the patient, the appellate court held that, since this is a case where no surgery should have been performed, rather than a case of negligently performed surgery, the patient does not have to set forth the specific manner in which the physician had violated the standard of practice with respect to the surgery. Since the surgery was unnecessary, the name of it was mere surplusage and its misnomer did not prejudice the physician.

The court further noted that the statute of limitations based on malpractice accrues at the time the physician discontinues treating the patient as to matters out of which the malpractice arose. In this case, the treatment continued, thus removing the bar of the statute of limitations.

The court also held that it was not error to permit the jury to learn that one of the physicians involved in the surgery was not licensed to practice medicine in the state.—*Bryson v. Stone,* 190 N.W.2d 336 (Mich. Ct. of App., May 19, 1971; leave to appeal denied, Aug. 3, 1971).

Restrictive Covenant Upheld—A covenant prohibiting a physician from practicing medicine within 50 miles for a period of one year is reasonable and will be enforced, according to the highest court of Kentucky.

A physician had worked for a clinic for several years. She was a specialist in internal medicine and pediatrics. She treated several hundred patients each month at the clinic.

On July 2, 1969, a one-year contract of employment was executed by the physician and the clinic. It contained a restrictive covenant stating that, unless waived, the physician agreed not to practice medicine within 50 miles of the city where the clinic was located for a period of one year after leaving the employ of the clinic.

Shortly thereafter, the physician left the employ of the clinic and sought release from the restrictive convenant. The clinic declined and brought suit to enjoin the physician from breaching the restrictive covenant.

In affirming the judgment for the clinic, the appellate court held that restrictive covenants will be upheld when they are reasonable in scope and in purpose. The court found that a covenant limiting the practice of medicine for a period of one year to an area beyond a 50-mile radius was not unreasonable.—*Hall v. Willard & Woolsey, P.S.C.,* 471 S.W.2d 316 (Ky. Ct. of App., June 4, 1971; rehearing denied, Oct. 29, 1971).

Physician Need not Pay for Son's Medical School Education—A physician is not obligated to pay medical school support for his adult emancipated son, according to a Pennsylvania appellate court.

A physician was separated from his wife in 1968. Their son was a medical student in West Virginia. During the 1968-1969 school year, the physician complied with a court order and paid his son's medical school expenses. During the school year, the son, who was 24 years old, married and took up permanent residence in West Virginia. The physician refused to make further contributions to his son's education.

The trial court found that the physician had sufficient funds to contribute to his son's education and ordered him to do so.

In reversing that decision, the appellate court held that the physician need not support his adult emancipated son unless the son is incapable of self-support through some physical or mental condition. The court noted that the son had not shown that he was unable to work. The court suggested that the son seek a government guaranteed loan and concluded that there is a dignity in working to ob-

tain a college education.—*Colantoni v. Colantoni*, 281 A.2d 662 (Pa. Super. Ct., Sept. 21, 1971).

$225,000 Settlement for Failure to Diagnose Diabetes—A medical malpractice case for undiagnosed diabetes resulting in the death of a patient was settled for $225,000. Suit had been brought by the widow and children of the patient against the hospital and a medical group.

The patient was first admitted to the hospital as an emergency and later as an in-patient. Four days after admission, the patient died. His complaints were related to diabetes but his illness was undiagnosed until the day of his death.

It was conceded that no urine specimen had been taken of the patient until the day of his death. It was also conceded that it was standard practice to take a urinalysis but that, in this case, it was somehow overlooked.—*Robinson v. Kaiser Foundation Hospitals, Inc.* (Cal. Super. Ct., Solano Co., Docket No. 37535, 1971).

Prisoner Dies from Lack of Medical Treatment—There was no breach of duty on the part of a sheriff when a prisoner died after the sheriff and his deputies attempted to obtain medical treatment for him and the sheriff's personal physician assured him that the prisoner was not in immediate danger, a Louisiana appellate court ruled.

The parents of the prisoner brought action for his alleged wrongful death as a result of extreme diabetic acidosis while he was in the sheriff's custody. They alleged that the sheriff or his deputies knew or had reason to know that the prisoner was a diabetic but refused to furnish him with proper medical treatment.

On April 24, 1967, at about noon, the shift sergeant at the jail observed that the prisoner was shaking and obviously ill. He called the coroner, who was in sole charge of medical treatment of prisoners. The coroner repeatedly refused to see the prisoner, as did the prisoner's physician.

The prisoner's condition was finally brought to the sheriff's attention. He contacted his personal physician, who told him to obtain a urine specimen. At 6 p.m. the physician reported that the prisoner was suffering from a diabetic condition but was in no immediate danger. When the prisoner was found unconscious at 8:30 p.m. he was sent to the hospital in an ambulance. He was pronounced dead on arrival by the coroner, who described the cause of death as diabetic acidosis.

The trial court, denying the parents' claims, held that the sheriff and his deputies had exercised every effort to secure medical treatment for the prisoner. The court further said that it was satisfied that they did not know that the prisoner was a diabetic until shortly before his death, at which time they had no reason to believe there was an emergency.

On appeal, the parents contended that the prisoner should not be the victim of a petty squabble between the sheriff and the coroner. They said that when the coroner refused to treat the prisoner the sheriff should have obtained medical assistance. They said that the deputies knew or should have known that the prisoner was a diabetic and could have furnished him with insulin, which was available at the jail.

The appellate court said that the record contained no evidence that before 6:00 p.m. the deputies knew that the prisoner was a diabetic. At that moment the sheriff was advised that the prisoner was in no danger. The record did not disclose why the coroner had declined to see the patient, and he was not asked at the trial.

The parents and an acquaintance of the prisoner testified that he had suffered from a diabetic condition for many years and had administered insulin to himself daily. However, there was unanimous testimony of all deputies that at no time during the prisoner's four-day stay in jail had he informed them of his illness. There was a specific procedure to be followed in cases of diabetic prisoners, and the deputies outlined the procedure for the court.

The appellate court said that it was not consistent that the deputies would have gone to such extent to obtain medical treatment for the prisoner on the day of his death if they had already known that he was a diabetic. The court affirmed the judgment of the trial court, holding that the prisoner's death was not the result of any inactivity, lack of effort, or breach of duty on the part of the sheriff or his deputies.—*Rhodus v. City-Parish Government of the City of Baton Rouge*, 253 So. 2d 537 (La. Ct. of App., Sept. 2, 1971; rehearing denied en banc, Nov. 3, 1971). ◀



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FUTURE MEETINGS, SEMINARS, COURSES

Arthritis Symposium Set for May 24

On May 24 the "Fred H. Priebe Memorial Symposium on Arthritis" will be held at the Indiana University School of Medicine, Indianapolis. The program is co-sponsored by the Indiana Chapter of the Arthritis Foundation. There will be two sections—one for allied health personnel and one for physicians. In the afternoon there will be a joint panel to discuss the "Comprehensive Care of the Arthritic."

Guest faculty for the course will be John L. Decker, M.D., Chief of the Arthritis and Rheumatism Branch of the National Institute of Arthritis and Metabolic Diseases, Bethesda, Md. The other guest will be Robert H. Jebson, M.D., Professor and Director, Physical Medicine and Rehabilitation University of Cincinnati Medical Center.

The program is directed by Dr. Edward R. Gabovitch and is approved for six prescribed hours credit by the American Academy of Family Physicians. The cost will be $35 for physicians and $10 for allied health people.

Orthopaedic PG Course At Indianapolis May 31

On May 31 the "Orthopaedic in General Practice" postgraduate course will be presented at the Indiana University School of Medicine. The course will be directed towards problems encountered by the busy clinician. The course will review the diagnostic and therapeutic aspects of common musculoskeletal complaints. Where practical, instruction will be by case presentations. Registrants are encouraged to participate in the discussion by bringing their own orthopaedic cases for consultation.

The program is directed by Dr. David Hadley and is approved for six prescribed hours by the American Academy of Family Physicians. The cost is $35.

Pfizer to Co-Sponsor Institute on Drug Abuse

On July 12-13 the "Pfizer Drug Abuse Training Institute" will be held at Stouffer's Indianapolis Inn, 2820 North Meridian Street, Indianapolis. The program is co-sponsored by Pfizer Pharmaceutical Company of New York and the I.U. School of Medicine. Pfizer has designed a two-day program which will bring to Indianapolis nationally known authorities in the area of drug abuse, in addition to well known authorities from Indiana.

The program is directed by Dr. Hanus Grosz and is approved for 12 prescribed hours credit by the AAFP. Cost will be $20; checks may be made to Indiana University.

Offer Summer Program In Human Sexuality

A lecture course with special reference to the medical aspects of human sexuality, medical workshops in counseling and sex education, and small group discussion will feature the Indiana University summer program in human sexuality. Scheduled for July 16-27 at Bloomington; fee $325, includes housing; registration ends June 24. For information, write: Summer Program, Institute for Sex Research, Indiana University, Bloomington, Ind. 47401.

Montreal to Be Site of Gastroenterology Course

The Annual Postgraduate Course in Gastroenterology of the American College of Gastroenterology will be given at the Hotel Bonaventure in Montreal on October 19, 20 and 21. For full information write the College at 299 Broadway, New York City 10007.

Occupational Health for Nurses Course Offered at New York City

The New York University Post-Graduate Medical School in cooperation with the American Association of Industrial Nurses offers a course in *Occupational Health for Nurses* on November 13 to 17. The course is limited to nurses with experience of five years or less in occupational health. Tuition will be $175. Write to Office of the Recorder, Room 156 MSB, New York University Post-Graduate Medical School, 550 First Ave., New York City 10016.

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TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

SOONER or later, investors in securities borrow money in order to finance their investments. And, as a general rule, the interest that such investors pay to the lenders of such funds is deductible for federal income tax purposes under I.R.C. sec. 163. Further, it is not uncommon for such investors to own some securities, such as state or municipal bonds, that yield income that is exempt from federal income taxation due to I.R.C. sec. 103. However, if the relationship between the funds borrowed and the funds invested in tax-exempt securities is too direct, then the investor may be denied a deduction for the interest that he pays due to I.R.C. sec. 265. While the rule can be simply stated, the application of it can be difficult when the investor borrows for several purposes—e.g., for investment, for business and for personal purposes. Recognizing the complexities involved in applying the rule and the growing number of investors in securities, the I.R.S. has just published Rev. Proc. 72-18. In general, this ruling states the following guidelines:

1. Direct evidence of a purpose to *purchase* tax-exempt obligations exists where the proceeds of indebtedness are used for, and are directly traceable to, the purchase of tax-exempt obligations. The deduction will not be denied, however, where proceeds of a bona fide business indebtedness are temporarily invested in tax-exempt obligations under certain circumstances.

2. Direct evidence of a purpose to carry tax-exempt obligations exists where tax-exempt obligations are used as collateral for indebtedness.

3. In the absence of direct evidence linking indebtedness with the purchase or carrying of tax-exempt obligations, the deduction will be denied only if the totality of facts and circumstances supports a reasonable inference that the purpose to purchase or carry tax-exempt obligations exists.

4. Generally, where a taxpayer's investment in tax-exempt obligations is insubstantial, the purpose to purchase or carry tax-exempt obligations will not ordinarily be inferred in the absence of direct evidence as set forth.

5. An individual taxpayer may incur a variety of indebtedness of a personal nature, ranging from short-term credit for purchases of goods and services for personal consumption to a mortgage incurred to purchase or improve a residence or other real property which is held for personal use. Generally, I.R.C. sec. 265 will not apply to indebtedness of this type, because the purpose to purchase or carry tax-exempt obligations cannot reasonably be inferred, where a personal purpose, unrelated to the tax-exempt obligations, ordinarily dominates the transaction.

6. Generally, a purpose to carry tax-exempt obligations will be inferred, unless rebutted by other evidence, wherever the taxpayer has outstanding indebtedness which is not directly connected with personal expenditures and is not incurred or continued in connection with the active conduct of a trade or business and the taxpayer owns tax-exempt obligations.

7. A sufficiently direct relationship between the incurring or continuing of indebtedness and the purchasing or carrying of tax-exempt obligations will generally exist, where indebtedness is incurred to finance a portfolio investment, because the choice of whether to finance a new portfolio investment through borrowing or through the liquidation of an existing investment in tax-exempt obligations typically involves a purpose of either to maximize profit or to maintain a diversified portfolio.

The Tax Court has approved another medical plan that favors key employees over other employees (i.e., by allowing the corporation to deduct the payments under the plan and by not requiring the covered employees to include such payments in their gross incomes. Thus, the Tax Court continues to allow the tax advantages of such plans by striking down only

TAX TIPS

Continued

the plans that favor shareholders over employees—and upholding plans that merely discriminate in favor of key employees over other employees. See *Nathan Epstein*, T. C. Memo 1972-53 (2/28/72).

Here is a recently published I.R.S. chart that shows the average business net profits for individual practitioners and partners, based upon 1968 and 1969 income tax returns. ◄

	INDIVIDUALS		PARTNERS*	
	1969	1968	1969	1968
Physicians and surgeons	$30,506	$28,705	$37,837	$36,250
Osteopathic physicians	24,481	22,460	—**	—**
Dentists and dental surgeons	21,589	20,501	21,604	17,541
Chiropractors	7,893	7,418	—	9,692
Lawyers	12,012	11,216	27,619	26,419
Engineers	5,980	5,595	15,350	13,628
Architects	9,384	7,377	15,393	16,008
CPAs	10,165	9,577	21,961	20,910

* Net profit for all partnerships divided by number of partners.
** Unreported

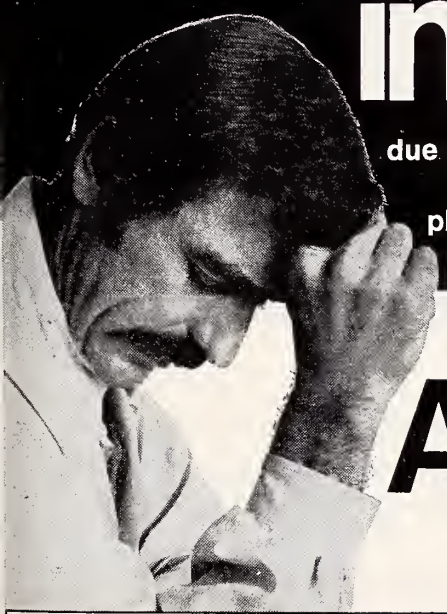
The treatment of

impotence

due to androgenic deficiency in the American male.
The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study)
T. Jakobovits
Fertility and Sterility, January 1970
Official Journal of the American Fertility Society



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Double-Blind Study and Type of Patient:
100 patients suffering from impotence. Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% on placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

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Glutamic Acid 50 mg.
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HIGH POTENCY
Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

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Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

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Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

REFER TO PDR

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osoi, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

Write for literature and samples: BROWN **THE BROWN PHARMACEUTICAL CO., INC.** 2500 West 6th Street, Los Angeles, California 90057

The Woman's Auxiliary REPORTS TO ISMA



This is my greeting to you—I will be reporting to you during the next year as president of the Woman's Auxiliary to the ISMA. I've had an active and most informative year as president-elect under the leadership of our immediate past-president, Mrs. Stanley Chernish. She is a very capable woman who is greatly interested in revitalizing the image of the Woman's Auxiliary.

So, goodbye to bake sales, fashion shows and afternoon bridge parties. White gloves, mink stoles and hats could be a thing of the past. Physicians' wives are adopting a new image that puts the emphasis on community involvement.

Here in Indiana, this newest addition to our "community involvement" is our nursing home visitation program—started under the direction of Mrs. Chernish and Mrs. La Dine—our community service chairman. Did you know that the Woman's Auxiliary to the ISMA is the first auxiliary in the nation to sponsor such a project?

We also plan to continue support of our established projects, among which are the AMA-ERF, Health Careers, Volunteer Health Services and Legislation. You'll hear more about these areas of concern in the months to follow.

We are looking forward to the celebration of the 50th anniversary of the WA-AMA at the annual convention in San Francisco in June. Many special activities are being planned for this occasion. The national membership goal for this anniversary year is 100,000 members. If this goal is to be reached, it would mean that each state must increase its membership at least 10% over last year. I'm afraid that Indiana has not been able to reach its 10% increase. We have many doctor's wives who are eligible for membership but who do not belong to the auxiliary. Won't all of you urge your wives to become members of their own county organization? Or, if the county has no organized auxiliary, they may become members-at-large of the state auxiliary. Mrs. Otis Bowen of Bremen is our membership chairman and she can give you any desired information on membership, dues, etc. Ideally, we wish for 100% membership to help us attain the objects of the auxiliary. I'd like to quote these objectives from our bylaws:

"The objects of this Auxiliary shall be:

"1. To unite in one organization the wives of members of the Indiana State Medical Association;

"2. To assist the Indiana State Medical Association in its program for the advancement of medicine and public health;

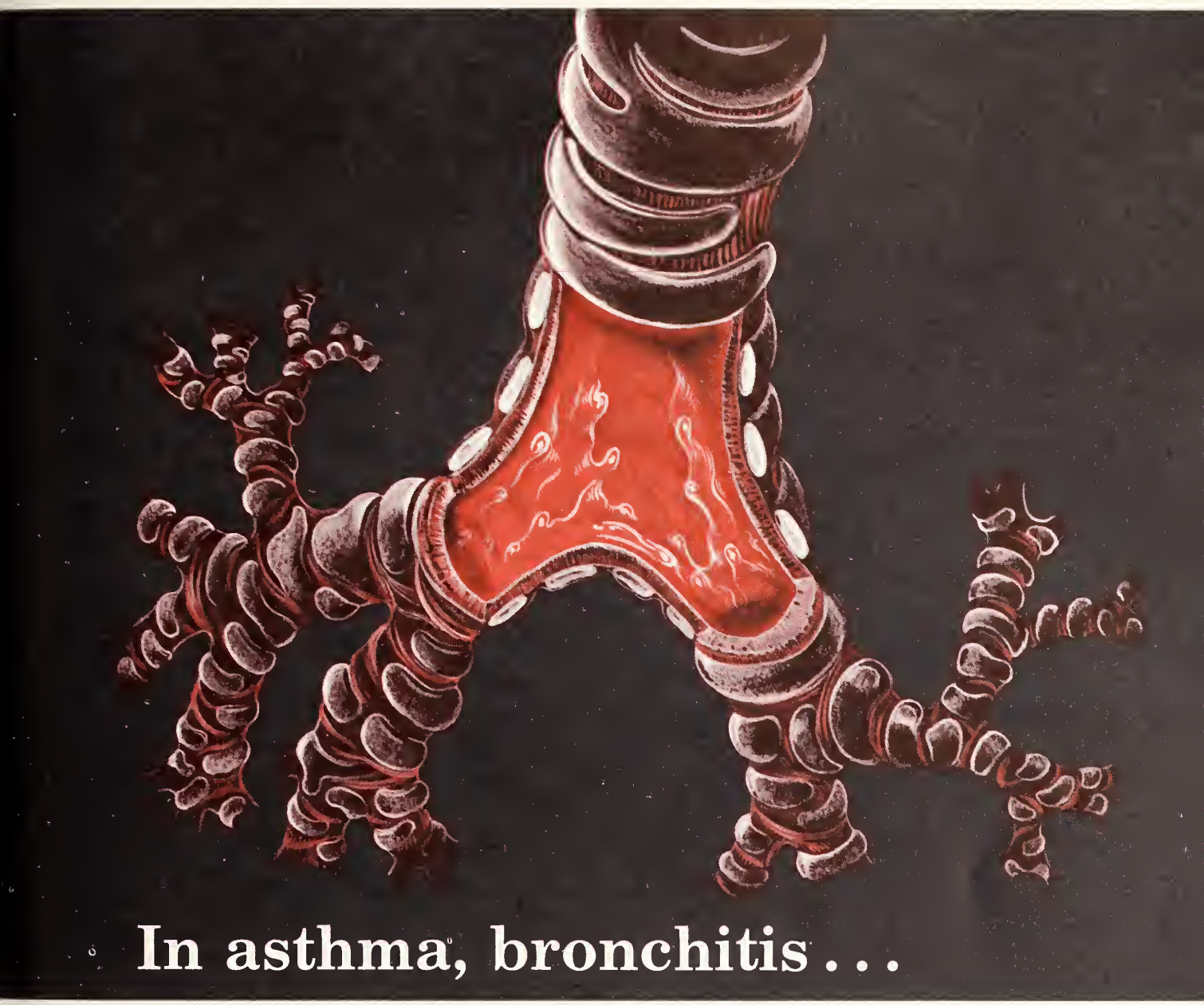
"3. To participate in any endeavor, on request of the Indiana State Medical Association;

"4. To coordinate and advise concerning the activities of constituent auxiliaries;

"5. To cultivate friendly relations and promote mutual understanding among physicians' families."

Marjorie Smith

MOVE-OUT STICKY MUCUS..



In asthma, bronchitis...

"Many physicians use iodides intravenously when they suspect that the main reason for airway obstruction is sticky mucus but oral iodides are more likely to exert an expectorant action."[1]

"For the viscid sputum, potassium iodide (...preferable as enteric coated tablets) may be best."[2]

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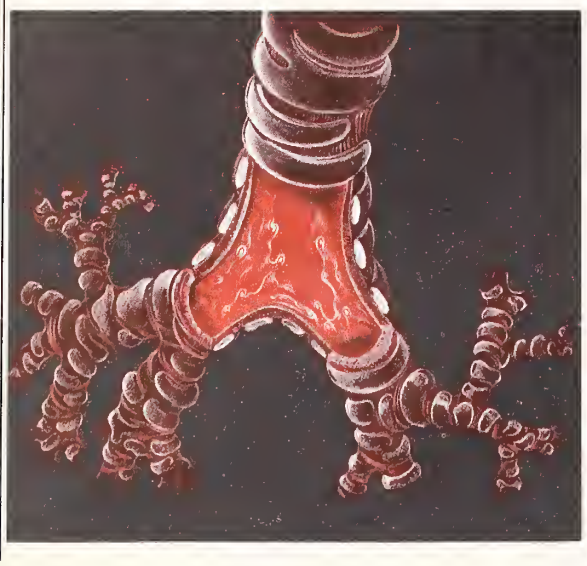
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"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."[3]

"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

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References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29.367, 1971.



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ABSTRACTS, BOOK REVIEWS

MEDICAL INTERVIEWING: A PROGRAMMED MANUAL

R. E. Froelich, F. M. Bishop, C. V. Mosby Co., St. Louis, Second Edition, 1972.

MEDICAL INTERVIEWING is a programmed manual, with much of the responsibility for learning placed on the reader. Part I encompasses the medical interview, including basic information essential for the interviewing physician. Part II consists of practice interviews. Its purpose is to sharpen interviewing skills. In studying the interviews, the student is asked to select the type of response most appropriate at a specific point. The practice interviews cover various types of patients. Interspersed comments by the authors help the reader evaluate his own responses. This book should be especially valuable for the senior medical student, resident and young practitioner in mastering in a systematized manner the important art of interviewing. The price of this handy paperback is $5.00.

W. D. SNIVELY, JR., M.D.
Evansville

FUNDAMENTALS OF INHALATION THERAPY

Donald F. Egan, M.D., C. V. Mosby Co., St. Louis; 474 pp. with 148 illustrations, $11.00.

This well designed book is said by the author to present "what is felt to be minimum knowledge for the safe and effective administration of inhalation therapy." The book is apparently intended primarily for the student inhalation therapist and as a reference volume for review by the working therapist. On the other hand, the book is also useful for better understanding on the part of the physician who is dealing with respiratory illnesses, as well as for residents in training and nurses who are interested in this field.

The writer emphasizes three points: First: that no text can be all things to all people, and it was his hope that the book would serve a purpose that would be equally applicable to the hospital-based inhalation therapy school and to the student at the junior college level. This implies some compromise with treatment of material required for the separate needs of these students. Second: it was expected that the students using this book would have a certain amount of previously acquired knowledge which should include basic chemistry and, hopefully, some physics, as well as a working knowledge of common logarithms and scientific notation. Third: as a result of the writer's experience in the development of curricula in two of the large inhalation schools, the chapters have been arranged in such a sequence that each topic is dependent upon the one that precedes it, and the order is chosen on the basis of what has been found by the writer to be best suited to guide the student into a solid understanding of the fundaments of therapy.

The author further points out that there have been some omissions of what might be considered to be related material, including the matter of emergency resuscitation, pulmonary function tests and hyperbaric medicine. These were omitted in the interest of brevity and also because they are dealt with elsewhere.

It is apparent that this is not an exhaustive text and the writer points out that it is his hope that, as a result of using this book, the student and other readers will be interested in further study of the subject, in the interest of which a list of 283 references is included. There is also a good index and a set of appendices for use in the exercises in the various chapters.

The book contains 148 excellent illustrations, some of which are photographs and many of which are diagrams and tables. The chapters contain conspicuous headings of the various sections, and periodically through the volume there are very helpful sections in which various subjects are summarized for convenient reference.

With the great increase in the knowledge of respiratory diseases from the standpoint of therapy, this book is very timely and will be a source of convenient reference for any physician or technician who wishes to widen his perspective of understanding in this important field of medical care.

LALL G. MONTGOMERY, M.D.
Muncie

Abstracts From Various Literature, Prepared by AMA

PSEUDOMONAS AERUGINOSA CONTAMINATION IN DOMESTIC AND HOSPITAL ENVIRONMENTS

J. L. Whitby and A. Rampling, Queen Elizabeth Hosp., Birmingham, England)

Lancet 1:15-17 (Jan. 1) 1972.

The environment of two hospitals was examined in order to determine the level of contamination with *Pseudomonas aeruginosa*. It was found that certain objects such as sink traps, floor cloths, dishcloths and mops were frequently contaminated with *P aeruginosa* (85 of 154 samples yielded positive cultures). On the other hand, when similar areas were examined in domestic homes *P aeruginosa* was rarely isolated.

DELAYED DIAGNOSIS OF SYMPTOMATIC CORONARY ARTERY DISEASE IN YOUNG MEN

J. R. Burton and G. M. FitzGibbon (National Defense Medical Center, Ottawa).

Can. Med. Assoc. J. 106:23-26 (Jan. 8) 1972.

Delay in making the diagnosis of symptomatic coronary artery disease was determined by studying the medical histories of 265 men ages 24.7 to 49.9 (mean 40.1) years with angiographically proven obstructive coronary atherosclerosis. The diagnosis of angina pectoris was delayed three times as often as the diagnosis of myocardial infarction and for five times as long. The diagnosis of symptomatic coronary artery disease was delayed three and one half times more often in patients less than 35 years of age, than in patients over 45 years old; the average time from presentation with symptoms to diagnosis was 30 times longer in patients under 35 years of age than in patients over 45.

REGRESSION OF XANTHOMATA OF EYELIDS WITH MODIFIED FAT DIET

A. J. Palmer and R. Blacket (Prince Henry Hosp., Sydney, Australia)

Lancet 1:66-68 (Jan. 8) 1972.

A patient is described with extensive xanthomatous deposits in the eyelids which began to regress in the sixth year of treatment with a modified fat diet and disappeared in the eighth year. Serum cholesterol showed no significant change until the eighth year of treatment, when it declined precipitously.

MYOCARDIAL INFARCTION IN ELDERLY

N. C. Chaturvedi et al. (D. McC. Boyle, Coronary Care Unit, Belfast, Northern Ireland)

Lancet 1:280-282 (Feb. 5) 1972.

In 105 patients aged 71 years and over, with myocardial infarction treated at a coronary care unit (CCU), arrhythmias requiring therapy when first seen and during the ensuing 24 hours were common. Mortality in hospital and at three months seems to be influenced by the interval between the onset of the attack and coming under coronary care conditions, and also by the mode of admission (by mobile CCU or through casualty). The results suggest that elderly patients benefit from early treatment and merit the use of a mobile CCU.

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416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

DETECTION OF UNSUSPECTED OVARIAN PREGNANCY BY WEDGE RESECTION

M. D. Helde et al. (J. S. Campbell, Ottawa General Hosp., Ottawa)

Can. Med. Assoc. J. 106:237-242 (Feb. 5) 1972.

Five follicular ovarian implantations occurred among 200 ectopic pregnancies encountered during a 14-year period. Abortions from impregnated follicles may cause hemoperitoneum more often than is generally suspected. Wedge resection or cystectomy to ensure hemostasis provides tissue for histological examination, without which ruptured ovarian pregnancy may masquerade as rupture of a corpus luteum with hemorrhage ("ovarian apoplexy"). Including the patients reported here, intrauterine contraceptive device users have, within the past five years, accounted for about 10% of all ovarian pregnancies recorded in the English literature, as far as the authors could determine.

PREOPERATIVE RADIATION AND SURGERY OF CANCER OF SIGMOID COLON AND RECTUM

R. W. Dwight et al. (G. A. Higgins, 150 S. Huntington Ave., Boston 20130)

Am. J. Surg. 123:93-103 (Jan.) 1972.

Preoperative irradiation as used in this study had a statistically significant effect in lowering the finding of metastatic cancer in lymph nodes in the resected specimen, particularly in patients with low-lying lesions in the rectum, and a lesser effect when the lesions were in the sigmoid. Survival at 18 months has been favorably affected. Survival at five years, estimated by life table methods in the 613 patients in whom resection was possible, was 44% in treated patients compared with 35% in the control group, whereas in those patients having abdominoperineal resections it was 45% in the treated patients and 30% in the controls. Preoperative radiation of 2,000 to 2,500 rads has been shown to have a favorable effect on rectal lesions.

ISCHEMIC HEART DISEASE IN DIABETICS

D. Boyle et al. (J. A. Weaver, Royal Victoria Hosp., Belfast)

Lancet 1:338-339 (Feb. 12) 1972.

In a six-year prospective study of the cardiovascular findings of 186 newly diagnosed adult-onset diabetic patients, there was a significantly greater frequency of myocardial infarcts in the 71 patients treated predominantly by oral antidiabetic agents (19.7%) than in the 115 patients treated predominantly by diet alone (9.5%).

VITAMIN C THERAPY IN GERIATRIC PRACTICE

M. L. Riccitelli, M.D., New Haven, Conn.

J. Am. Geriatrics Soc., Vol. 20, No. 1, pp. 34-42 (1972)

Numerous recent reports on the use of high-dosage vitamin C in the treatment of the sick, injured, and convalescent have created a renewed interest in therapeutic nutrition. This article reviews the metabolism of vitamin C, its role in the maintenance of optimal health, the consequences of vitamin C deficiency, and the need for therapeutic diets in homes and hospitals. Also discussed are modern concepts of the body's adaptation to emotional and physical stress, the effect of stress on aging, and the role of vitamin C in the etiology and treatment of specific disease syndromes, e.g., the common cold, atherosclerosis, nutritional encephalopathies, low-back pain, surgical stress, hemorrhage, and shock. A new, practical method (Cevi-Bid sustained medication capsules) is described for maintaining therapeutic levels of vitamin C in the blood.

"The history of science, and in particular the history of medicine ... is ... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

– George Sarton, from "The History of Medicine Versus the History of Art"

Should nongovernment scientists and physicians play a role in drug regulation?

Opinion

Results of a questionnaire to 7000 physicians:

82.8%
Physicians should play a role

78.3%
Independent scientists should play a role

69.8%
Medical academicians should play a role

Opinion & Dialogue

Dialog

Should nongovernment scientists and physicians play a role in drug regulation?

Doctor of Medicine

Herbert L. Ley, Jr., M.D., M.P.H., Formerly Commissioner, F.D.A. (1968-1969) Currently Medical Consultant

In order for drug regulation to be effective, participation in the regulatory process from nongovernment physicians and scientists must be encouraged. Without such involvement, there will continue to be a high degree of controversy surrounding any regulations promulgated by the Food and Drug Administration.

There are two areas in which participation and communication by nongovernment physicians and scientists could significantly improve the process of regulation. First, scientists and physicians throughout the country could become involved in consulting relationships with the Food and Drug Administration in important scientific areas while regulatory policies are being evolved. If nongovernment professionals could bring their expertise and experience to bear early in the decision-making process, they would have less reason to criticize the final outcome.

Secondly, practicing physicians, academic physicians, and academic-based scientists could make it their business to comment on proposed regulations appearing in the Federal Register. Ideally, a system could be instituted whereby medical, scientific and technical people could see the Federal Register regularly, and provide the Food and Drug Administration with a body of opinion that has so far gone unheard. The FDA is caught among pressures from industry, Congress, the Presidential Administration and consumers. It should also feel pressures from practicing physicians and scientists.

In order to become more involved in these stages of the drug regulatory process, nongovernment physicians and scientists should begin to exercise their influence through their respective professional organizations,



state and national medical societies, and specialty groups. Logically, a letter from these organizations representing a collective opinion has far greater weight in the regulatory process than individual letters. If the Food and Drug Administration receives opinions from these organizations early, before a regulation gets into the Federal Register, they are in a good position to respond with further study and review. Without such dissenting opinions, there is very little incentive to make changes in proposed regulations.

One instance in which practitioners did influence drug regulatory affairs in this way is the recent controversy that arose over the legitimacy of drug combinations. The strong opinion of practitioners on the value of such medication in clinical practice played a very prominent role in making the Food and Drug Administration modify its rather restrictive policy.

Another way in which practitioners can effectively influence drug regulations is by working with drug manufacturers conducting clinical trials of chemotherapeutic agents. When a drug is rated other than effective it may only mean that there is a lack of controlled clinical evidence as to efficacy. Thus, physicians might offer to conduct clinical studies that could help keep a truly effective drug in the marketplace. The treatment of diseases such as diabetes and angina are areas where the practitioner can aid in clinical studies because patients suffering from these diseases are rarely found in the conventional hospital setting.

By working with ethically and scientifically sound study designs in his everyday practice, the practitioner could begin to play an important part in determining official ratings on drug efficacy.

Nongovernment physicians and scientists and the FDA should also improve their lines of communication to the public. The medical community must develop a voice every bit as loud as that of the consumerists, the press, and others who sometimes criticize without complete information. If not, much of wh
the medical communi
and federal regulators
will often be represented
simplistic and somewh
misleading terms.

One illustration of t
misuse of the media in th
regard is the recall of an
coagulant drugs sever
years ago. This FDA acti
was given publicity by t
press and television th
went far beyond its pro
able importance. The resu
was a very uncomfortabl
situation for the prac
tioner who had patien
taking these medicatio
Since the practitioner a
pharmacist had not be
informed of the action
the time it was publicize
in most states they we
deluged with calls fro
worried patients.

The practitioner can a
tempt to solve these pro
lems of inadequate comm
nication in several way
One would be the creati
of a communications li
in state pharmacy societi
When drug regulation ne
is to be announced, the s
ciety could immediate
distribute a message to e
ery pharmacist in the sta
The pharmacist, in tu
could notify the physicia
in his local community
that he and the physici
could be prepared to a
swer inquiries from p
tients. Another approa
would be to use profe
sional publications t
practitioner receives.

All of this leads back
my opening contention:
drug regulation is to be
fective, timely, and relat
to the realities of clini
practice, a better method
communication and fee
back must be developed b
tween the nongovernme
tal medical and scienti
communities and the reg
latory agency.

ue

Maker of Medicine



Henry W. Gadsden, Chairman & Chief Executive Officer, Merck & Co., Inc.

In my opinion, it is the esponsibility of all physiians and medical scientists o take whatever steps they hink are desirable in a law- nd regulation-making rocess that can have far- eaching impact on the ractice of medicine. Yet nany events in the recent ast indicate that this is ot happening. For exam- le, it is apparent from rug efficacy studies that he NAS/NRC panels gave ittle consideration to the vidence that could have een provided by practic- ng physicians.

There are several current evelopments that should ncrease the concern of racticing physicians about rug regulatory affairs. One s the proliferation of mal- ractice claims and litiga- ion. Another is the effort y government to establish he relative efficacy of rugs. This implies that if physician prescribes a rug other than the "estab- ished" drug of choice, he nay be accused of practic- ng something less than irst-class medicine. It vould come perilously lose to federal direction of ow medicine should be racticed.

In order to minimize this ind of arbitrary federal ction, a way must be ound to give practitioners oth voice and represen- tation in government affairs. Government must be caused to recognize the essentiality of seeking their views. One of the difficulties today, however, is that there is no way for concerned practitioners to participate in the early stages of decision-making processes. They usually don't hear about regulations until a proposal appears in the Federal Register, if then. By that time a lot of concrete has been poured, and a lot of boots are in the concrete.

Physicians in private practice, and particularly clinicians, should press for representation on the advisory committees of the Food and Drug Administration, joining with academic and teaching hospital physicians and scientists who are already serving. Though practitioners may not have access to all available information, the value of their clinical experience should be recognized. Clinicians, for example, rightly remind us that difficulty in *proving* precise effects does not necessarily mean a drug is ineffective.

Unless practitioners are more involved in drug regulations, it will be increasingly difficult for the pharmaceutical industry and scientists elsewhere to make optimal progress in drug development. The benefit/risk ratio must be re-emphasized, and as part of this it must be acknowledged that benefit can come from the judgments of medical science as a whole. Even this concept, unfortunately, is not always accepted in drug regulatory processes. For example, if current medical opinion holds that an excess of total lipids and cholesterol in the blood is probably predisposing to atherosclerosis, and if a drug is discovered which reduces total lipids and cholesterol, the drug ought to be accepted *prima facie* as a contribution to medical science . . . until someone disproves the theory. The sponsor should not have to prove the theory as well as to develop and test the drug.

I feel a major new effort must also be made to erase the feeling of mistrust of medicine and of medicines that seems to be growing in the public consciousness. Triggered primarily by strident announcements in Washington, people are reading and hearing confidence-shaking things almost continuously. Although challenge and awareness are essential to medical advancement, our long-term goal is constructively to build, not destroy. This means strengthening patient-physician relationships based on mutual confidence and trust. And in matters of health policy, it means working toward participatory rather than adversary proceedings—where everyone with an interest and a capacity to contribute has an opportunity to be heard . . . and, if that opportunity is not spontaneously afforded him, he may seek it.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

P·M·A

The Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 18-22, 1972
Place San Francisco

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 14-18, 1972
Place Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 16-19
Place Indianapolis Hilton

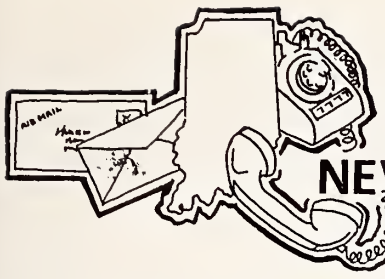
INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

ASSOCIATION OF OPERATING ROOM TECHNICIANS, INDIANA CHAPTER
Indiana State Conference and Seminar
Date June 3-4, 1972
Place Indianapolis Hilton

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—March 1972

Disease	Mar. 1972	Feb. 1972	Jan. 1972	Mar. 1971	Mar. 1970
Animal Bites	855	464	412	580	516
Chickenpox	1047	586	452	668	506
Conjunctivitis	230	218	161	167	164
Diphtheria	0	0	0	0	2
Dystentery, Unspecified	83	35	9	18	5
Gonorrhea	679	516	512	470	608
Impetigo	146	170	196	125	107
Infectious Hepatitis	62	46	18	54	69
Infectious Mononucleosis	162	108	93	125	76
Influenza	4068	23471	14074	2896	5041
Measles					
Rubeola	181	222	288	429	59
Rubella	147	104	82	228	399
Meningococcic Meningitis	4	5	1	1	6
Meningitis, Other	1	2	4	1	2
Mumps	193	188	167	1146	369
Pertussis (Whooping Cough)	7	6	11	14	7
Pneumonia	584	833	555	592	479
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1630	1620	1083	1258	1025
Syphilis					
Primary & Secondary	19	15	11	22	51
All Other Syphilis	87	58	60	90	115
Tinea Capitis	5	3	3	6	3
Tuberculosis (Active)	73	44	55	43	75



NEWS NOTES

Attend Symposium on Nuclear Medicine

Nearly 70 physicians attended a two-day symposium on nuclear medicine at the Bedford Medical Center in March.

Dr. Eugene D. Van Hove, director of the nuclear medicine department at Methodist Hospital, Indianapolis, was one of the featured speakers.

Drs. Raul Gonzales and Donald Kerr, Bedford, were among local physicians who participated in the program planning.

Dow Offers Hearing Conservation And Industrial Hygiene Booklets

The second and third bulletins in the Dow Chemical series on environmental health services have been published. "Industrial Hygiene Services" is the title of the second. Environmental factors or stresses which may affect the health of workers are discussed. Toxic chemical agents, sources of energy, biological hazards and ergonomics also are covered.

The third is titled: "Hearing Conservation Services." Capabilities offered by Dow in the areas of surveillance, noise exposure evaluation, noise control and consultation are discussed.

This literature may be obtained by writing Dow Sales Office, 3909 N. Meridian St., Indianapolis 46208.

Dr. Joseph Ferrara Appointed

The executive board of the Indiana State Board of Health recently appointed **Dr. Joseph F. Ferrara, Franklin,** a member of the Indiana Advisory Comprehensive Health Planning Council.

Handicapped to Camp At Bradford Woods

Sunday, July 9, will mark the opening of three two-week sessions of summer camping for physically handicapped children at Camp Riley in Bradford Woods near Martinsville. Any physically handicapped child, age 8 through 15, is eligible to apply. The only exceptions are diabetic children and the mentally or emotionally handicapped, for those camping opportunities are provided by groups or organizations expressly concerned with those problems.

Most of the campers are on crutches, in braces or wheelchairs, or they may be victims of a less obvious disability such as heart disease or epilepsy.

Application blanks and complete information may be obtained by writing the James Whitcomb Riley Memorial Association, 309 Board of Trade Bldg., Indianapolis 46204.

Dr. Farquhar Appointed

Dr. John S. Farquhar, Jr., Fort Wayne, has been appointed by the AMA Board of Trustees as one of nine physicians to serve on its new Task Force on Hospital Emergency Room Services. Dr. Farquhar is chairman of the AMA Committee on Community Emergency Services.

Pennsylvania to Study Indiana Med-Ed Plan

The Senate of the Pennsylvania Legislature recently passed a resolution calling for the establishment of a commission to study the Indiana program for medical education. The Commission will consist of four senators, the Pennsylvania Secretary of Health and the deans of the state's medical schools and school of osteopathy.

On Trial Advocacy Seminar

Two physicians were leaders of seminars at a basic trial advocacy seminar held recently in Indianapolis under the sponsorship of the Indiana and American Trial Lawyers associations. They were Dr. Lee M. Cattell, Jr., and Dr. James Wray, both of Indianapolis.

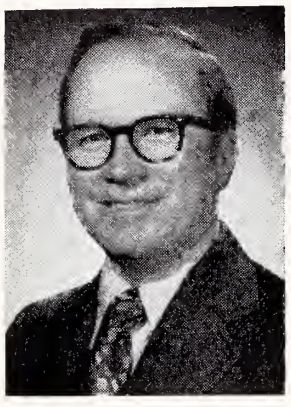
Emergency Physicians To Conduct Symposium

The American College of Emergency Physicians conducted a Symposium on Community Medical Services and the Management and Design of Emergency Departments at Las Vegas in February, and is planning the Fourth Annual ACEP Scientific Assembly in San Francisco November 8 to 10. The College was chartered in 1968 with the primary goal of improving the delivery of emergency services throughout the country. It now has more than 2300 members. Active membership is open to any physician licensed by his state who indicates a significant interest in emergency medicine.



DR. Charles L. Entner of Dunkirk won an award in a recent photography contest of the Muncie Star and a $100 special merit award in KINSA with this picture of two neighborhood children. He says "I tried to get an informal photograph of them as they played." Dr. Entner has been an amateur photographer for 51 years.

Ken Bush Honored by IPHA



Kenneth W. Bush, ISMA Administrative Assistant, received the Indiana Public Health Association's Annual Honor Award at the group's 1972 annual meeting in Indianapolis in mid-April.

Dr. Warren C. Roberts, Indianapolis, is the new president of the Association.

Among other Hoosier physicians taking part in the three-day program were **Drs. Wayne L. Johnson, Russell S. Henry, Charles H. Rushmore, Joseph Thompson and Byron Steger, all of Indianapolis; Arnold W. Brockmole, Evansville; Richard N. Matzen, Bluffton; Otis R. Bowen, Bremen; and James S. Robertson, Plymouth.**

Dr. Robertson is president of the Indiana Association of Public Health Physicians and director of the Marshall County Health Department.

AMA Reappoints Dr. Farquhar

Dr. John S. Farquhar, Fort Wayne, has been reappointed to the American Medical Association's Committee on Community Emergency Services. Dr. Farquhar will continue to serve as chairman of that committee, a position to which he was named in June 1970.

Dr. Chaney Becomes ACCP Fellow

Dr. Robert D. Chaney, Marion anesthesiologist, recently was certified as a Fellow of the American College of Chest Physicians. He is medical director of the Marion General Hospital's inhalation therapy department, the intensive care unit and the pulmonary function laboratory.

Winona Hospital Elects

The following will serve as officers of the medical staff of Winona Memorial Hospital, Indianapolis, during the current year: **President: Dr. Ottis N. Olvey; vice president: Dr. Ramon S. Dunkin; and secretary-treasurer: Dr. George H. Rawls.**

Scientific Papers Invited

The American College of Emergency Physicians is inviting submission of scientific papers to be considered for the program of their Fourth Annual Scientific Assembly which meets in San Francisco on November 8 to 10. The papers must represent original work by the author which is directly related to some aspect of emergency care. The accepted papers will be published in the *Journal of the American College of Emergency Physicians.* Abstracts must be submitted no later than July 30, and final papers by August 30. The address is 241 E. Saginaw, East Lansing, Mich. 48823.

On Health Meet Panel

Dr. Glen Ley, president of the Owen-Monroe County Medical Society, was one of the participants in a panel on problems related to Medicare and Medicaid at Bloomington recently.

Tells of Acupuncture

Directors of Goshen General Hospital heard a special report at a recent meeting by **Dr. William H. Zimmerman, Syracuse,** on acupuncture as used by physicians in China.

Dr. Border Moderates Program

Dr. John F. Border, Muncie, chief of the medicine department of Ball Hospital, served as moderator of a recent scientific program for area physicians. Funds for the postgraduate education program were provided by the Merck, Sharp and Dohme pharmaceutical company.

On Theological Program

Dr. Patrick Corcoran, Evansville, participated in a recent week-long program at Saint Meinrad Seminary on Theological Exploration. General theme of the conference was: Resurrection and Reality: How Is the Resurrection Believable in a World of Human Suffering?

Physicians Named by Governor

Among physicians named to new terms on the State Board of Health's Commission for the Handicapped by Governor Edgar Whitcomb are: **Drs. Joseph W. Elbert, Petersburg, James M. Kirtley, Crawfordsville and Walter E. Deacon, Indianapolis.**

Gives Program on Pacemaker

Dr. Florian Predd, Michigan City surgeon, presented a program on the surgical insertion of pacemakers into certain cardiac patients for nurses of the Michigan City area recently.

Dr. Robert Briggs Elected

Dr. Robert W. Briggs, Indianapolis, is the new chairman of the Catholic Seminary Foundation's board of trustees. The board is attempting to attract the National Black Ministry Center to Indianapolis.

Dr. Smith Heads Hospital Staff

Dr. Robert D. Smith, Lowell, has been elected president and chief of staff of Our Lady of Mercy Hospital, Dyer. Serving with him will be **Dr. Robert J. Schmitt, Michigan City,** vice president; and **Dr. F. P. Lopez, Dyer,** secretary.

Retires to Rhode Island

Dr. Glen G. Musselman, Terre Haute, retired recently as anesthesiologist on the staff of St. Anthony Hospital and, with Mrs. Musselman, will retire to Wakefield, R.I.

He had practiced at Terre Haute since 1923 and is a former president of the Indiana Society of Anesthesiologists.

Doctors Collect Tools

A recent article in the Marion Leader-Tribune featured a large color photo of antique tools from the extensive collection of **Dr. Fred R. Malott, Converse,** who is northern Indiana director of the Midwest Tool Collectors Association.

Dr. Ned A. Wilson, Marion pediatrician, is also a member of the tool collectors organization and of Early American Industries Association, membership in which is a prerequisite for joining the Midwest Tool Collectors Association.

Dr. Grover Boling Receives Service to Mankind Award

Dr. Grover C. Boling, Indianapolis, was the recipient of a Sertoma Club of Greater Indianapolis Service to Mankind award at a recent meeting of the club.

Rorer Awards Contest For 1972 Announced

The American College of Gastroenterology, in cooperation with William H. Rorer, Inc., of Fort Washington, Pa., has announced the 1972 Rorer Awards Contest for the best papers in gastroenterology.

For the Best Unpublished Papers in Gastroenterology or an Allied Subject:

First Prize—$500.00 and a three-year subscription to The American Journal of Gastroenterology, official publication of the College.

Second Prize—$300 and a two-year subscription.

Third Prize—$200 and a one-year subscription.

Dow Pharmaceuticals New Name

Dow Pharmaceuticals is the new name for the pharmaceutical and biological business of the Indianapolis Division of the Dow Chemical Company. The firm has been known as Rx Pharmaceuticals for the past three years. Before that time it was a part of Pitman-Moore.

Dr. Pippenger to Retire

Dr. Wayne G. Pippenger, Muncie, will retire this year as director of Ball State University's health center, which position he has held since 1955.

He has served in the ISMA House of Delegates for more than 10 years and as secretary of the College Health Section. A co-founder of the Mid-America College Health Association, he was instrumental in setting up the Ball State blood bank, served as advisor to the National Athletic Trainer Association, as president of the Delaware County TB Association, and on the state committee for Rural Medical Care.

Offer Diabetes Patient Training

In 1971 the Indianapolis Diabetes Association conducted a Diabetic Educational Program for lay members of the Association and for diabetic patients. The first course was conducted at Winona Memorial Hospital and was so well attended that the course will be repeated this year and also another similar course will be conducted at Community Hospital in Indianapolis. The schedule consists of five two-hour sessions within a five-day period, beginning May 1, June 1, July 10, August 7 and September 11. To apply call or write the Indianapolis Diabetes Association, 810 Hume Mansur Bldg., phone (317) 639-1111.

Seventh Cancer Conference Scheduled for September 27-29

The Seventh National Cancer Conference will be held September 27 to 29 at the Biltmore Hotel, Los Angeles. Sponsors are the American Cancer Society and the National Cancer Institute. All members of the medical and related professions are invited. There is no registration fee. Preregistration is requested. For copies of the program and other information write to Dr. Sidney L. Arje, 219 E. 42nd St., New York City 10017.

WHO Fellowships Offered

The World Health Organization will award fellowships for travel abroad which is related to improvement and expansion of health services in the United States. Awards will go to United States citizens engaged in operational or educational aspects of public health. Applications will not be considered for pursuit of pure research projects, for attendance at international meetings, nor from students in the midst of training at either undergraduate or graduate level. Applicants may not be more than 55 years of age. Further information may be obtained by writing Dr. Robert W. Jones, III, National Institutes of Health, Room B2C05A, Bldg. 31, Bethesda, Md. 20014.

AAFP Gives $3,000 For Family Practice Course

The newest medical specialty emphasizes treatment of the whole person within the family group.

The nearest thing to the old fashioned general practitioner that this generation of Hoosier medical students has seen will be turned out through a program being fostered by the Indiana University School of Medicine.

Approximately a year ago the medical school organized a Family Practice Program headed by Dr. A. Alan Fischer.

Practicing physicians in Indiana are supporting this effort to supply more generally trained Hoosier doctors. As a practical demonstration of this support, Dr. Jean Hinchman, Parker, president of the Indiana Academy of Family Physicians, recently presented a check for $3,000 to School of Medicine Dean Glenn W. Irwin Jr. The money was collected by the state office of the Academy from members of the organization. This money is in addition to funds sent directly to the I.U. Foundation by members of the Academy, making a total in excess of $11,000 earmarked for the Family Practice Program at the medical school.



DR. A. Alan Fischer beams approvingly as Dr. Jean Hinchman, Parker, presents AAFP's $3,000 check in support of the I.U. Medical School's family practice program to Dean Glenn W. Irwin, Jr. (center).

New Nurse Practitioner Program Announced

A Family Nurse Practitioner Program will soon be offered under the joint sponsorship of the Indiana University School of Medicine Department of Community Health Sciences, the Indiana University School of Nursing and the Regenstrief Institute for Health Care.

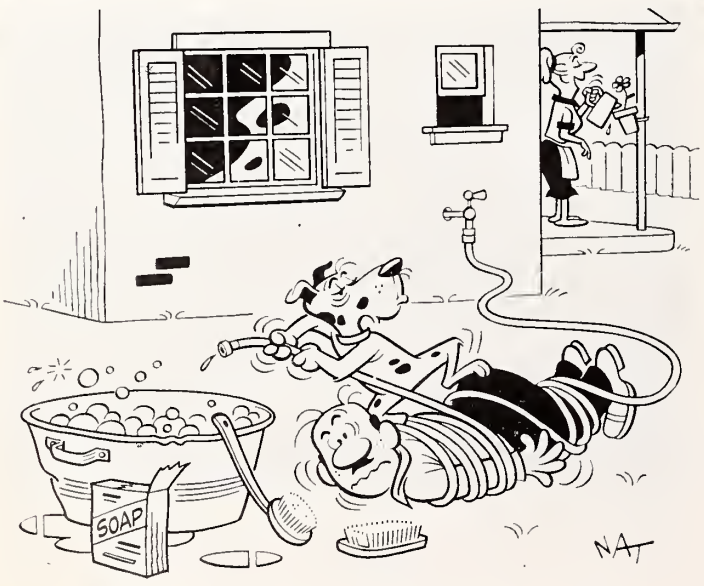
Registered nurses will be trained to assume a more expanded role in primary health care delivery, focusing on ambulatory care. They will be trained to assume some of the activities physicians now do exclusively—e.g., taking medical histories, doing physical examinations, eare of minor illnesses and follow-up care for chronic illnesses in the stable phase, and thereby free some of the physician's time to see more patients or focus more of his time on patients with more severe illnesses. Although more independent in many of their functions, the nurse practitioner will always be closely tied to and supervised by a physician.

The program will consist of three phases. The first phase of 12 weeks will consist of lectures, seminars and clinical practice. During the second phase, also 12 weeks, the students will gain experience in elinical medicine by rotating through various ambulatory primary health care settings. Phases I and II require full-time participation of the students, for which they will receive a monthly stipend. The third phase consists of continuing education programs and continued evaluation of the nurse practitioners and their roles in practice.

Applicants must be registered nurses who are graduates of programs accredited by the National League for Nursing and who are licensed to do practice nursing in Indiana. They must have at least two years of nursing practice after graduation and show a strong commitment to the improvement of health care delivery, particularly in the ambulatory care setting.

Applications are now being accepted; 16 nurses will be enrolled in the initial program. The deadline for reception of applications is May 15.

Further information can be obtained by contacting: The Family Nurse Practitioner Program, Department of Community Health Sciences, Marion County General Hospital, 960 Locke Street, Indianapolis 46202; or by telephoning: 317/630-7602.



Well, how does Rover like his flea bath, dear?

Pre-Sate®
(chlorphentermine HCl)

CAUTION: Federal law prohibits dispensing without prescription.

Indications: Pre-Sate (chlorphentermine hydrochloride) is indicated in exogenous obesity, as a short term (*i.e.*, several weeks) adjunct in a regimen of weight reduction based upon caloric restriction.

Contraindications: Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states. Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias. The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

Warnings: When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexigenic effect; discontinue the drug. Tolerance to the anorectic effect may develop. Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants. There have been reports of pulmonary hypertension in patients who received related drugs.

Drug Dependence: Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended. In long-term controlled studies with high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.

Usage In Pregnancy: The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended. Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.

Usage In Children: Not recommended for use in children under 12 years of age.

Precautions: In patients with diabetes mellitus there may be alteration of insulin requirements due to dietary restrictions and weight loss. Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction. In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug. Psychologic disturbances have been reported in patients who concomitantly receive an anorexic agent and a restrictive dietary regimen.

Adverse Reactions: Central Nervous System: When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

Dosage and Administration: The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

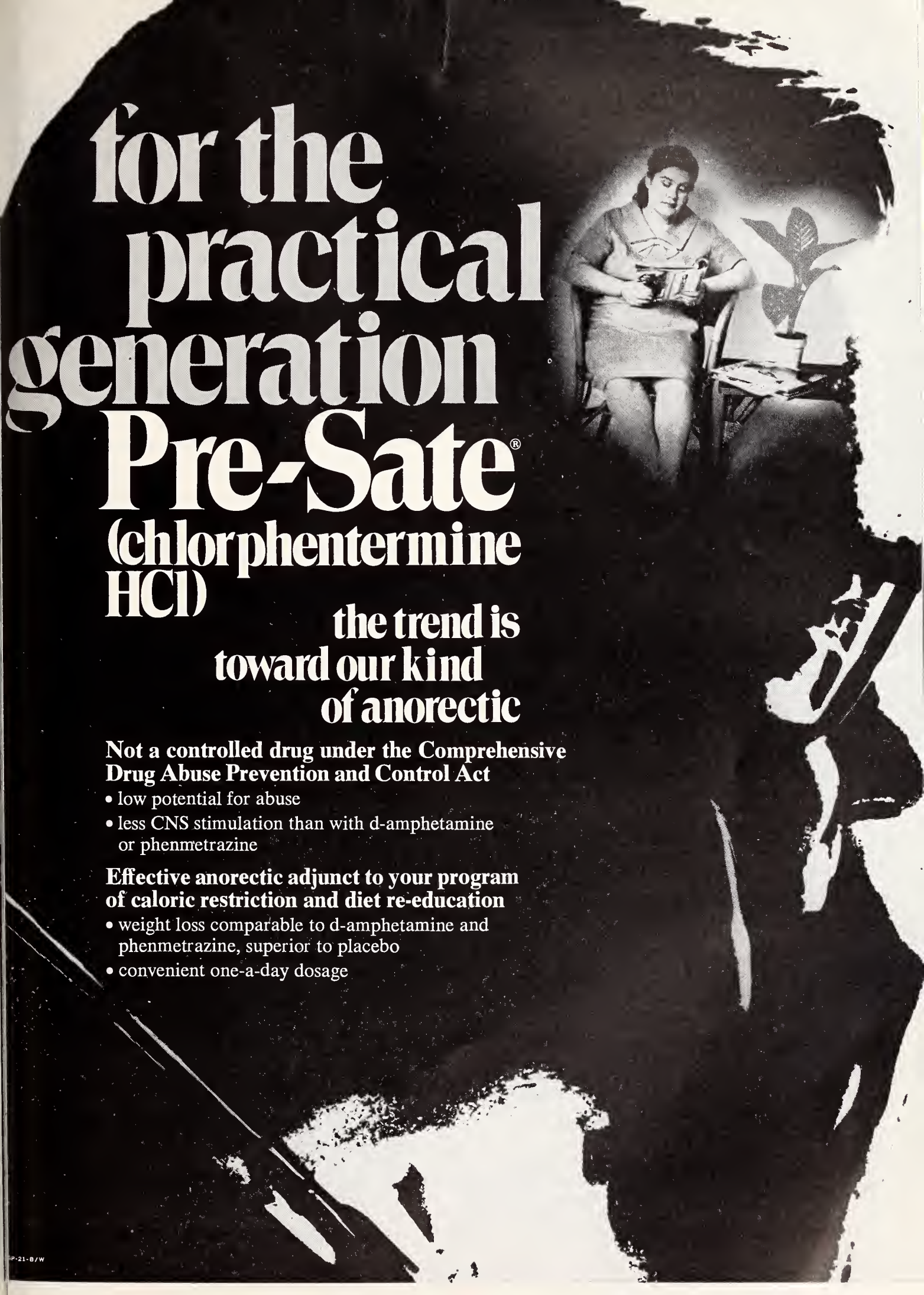
Overdosage: Manifestations: Restlessness, confusion, assaultiveness, hallucinations, panic states, and hyperpyrexia may be manifestations of acute intoxication with anorectic agents. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension, or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management: Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

How Supplied: Each Pre-Sate (chlorphentermine hydrochloride) tablet contains the equivalent of 65 mg chlorphentermine base; bottles of 100 and 1000 tablets.

Full information available on request.

WARNER-CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950



Pre-Sate® (chlorphentermine HCl)...the increasingly practical appetite suppressant

What's New?

Dray Publications has a set of pamphlets for safety and fire emergency employee education. Titles are: Basic Guide for Safety; Hospital Maintenance Housekeeping Safety; Hospital Food Service Safety; Visual Reminders for Patient Lifting; and Basic Guide for Fire Safety. Each of these may be imprinted with the sponsor's identification. The pamphlets are recommended to aid in the discharge of responsibilities imposed by the Occupational Safety and Health Act.

* * *

Dow Rx Pharmaceuticals announces an immune globulin, Rh_0(D) Immune Globulin (Human), trademarked GAMULIN Rh. It is highly effective when given to an Rh negative mother within 72 hours after delivery of an Rh positive infant as a means of preventing the development of antibodies in the mother, and thus preventing hemolytic disease of the newborn. Each package of GAMULIN Rh includes a vial of the product, a disposable syringe, a vial of cross-match test material, a three-part form used in the hospital record, a patient I-D card, literature for the patient and a package insert.

* * *

Ames has a new improved urine collection system. The URIN-TEK System is disposable and includes paper collection cups, sturdy transparent plastic tubes with snap caps, labels and tube holders for holding the tubes for testing. The system comes packed 100 cups, tubes, caps and labels and one tube holder to the bag.

* * *

Joerns Furniture Company has designed an electric hospital bed with added patient comforts and innovations for reducing the nurse work load. Electronic controls for bed positioning are all on the foot of the bed and are accessible for either hand or foot activation. Complete controls are available at the left and right side of the bed with function lock-outs for the side controls located at the foot panel for patient protection. It has fewer electrical components than other beds and is protected by double insulation.

* * *

Bourns Life Systems has been appointed exclusive distributor in the United States for the Manley Lung Ventilator Performance Analyzer. The device will demonstrate ventilator performance capabilities and limitations. It may also be used as a training and teaching aid and as a test lung for testing other respiratory devices.

* * *

Harcourt Brace Jovanovich announces MARY BARNES: TWO ACCOUNTS OF A JOURNEY THROUGH MADNESS. It is an account of the recovery of an Englishwoman suffering from schizophrenia. It is written in alternate sections by two authors. One is Mary Barnes, the patient. The other is Joseph Berke, an American psychotherapist, her principal therapist. *Publishers' Weekly* says: "The book affords one of the most penetrating glimpses into modern innovative psychotherapy currently in print."

* * *

Corning Glass is introducing a new photochromic lens glass for prescription sunglasses that adjusts automatically to the brightness of the day. The glass has variable transmittance depending upon light conditions. The glass is darkest on bright days and becomes lighter on dull, cloudy days or at dawn and dusk. The darkening and lightening process is smooth and gradual and barely perceptible to the wearer.

* * *

Plenum Publishing announces publication of *Combustion-Generated Air Pollution*, edited by Ernest S. Starkman, Department of Mechanical Engineering, University of California at Berkeley. It is prepared by a staff of specialists. 335 pages, 77 illustrations, 55 tables. Cost is $14.50. It is a comprehensive collection of instructional material which provides both basic and general information on a wide spectrum of subject matter in the field of air pollution.

* * *

Mead Johnson is introducing a dermatological product, HALOTEX, a new topical antifungal agent. It is the result of nine years of research and development. Effective when used to treat superficial fungal infections of the skin. It is relatively free from side effects. In addition to relieving itching and burning it has a fungicidal action.

* * *

Harcourt Brace Jovanovich has published a book called "EVE'S NEW RIB: Twenty Faces of Sex, Marriage and Family." It is written by Robert T. Francoeur, a married Catholic priest. It is a survey of alternate life styles. It predicts that the traditional monogamous, sexually exclusive marriage will not remain desirable for the majority of people. Various alternatives are discussed, including polygamy for senior citizens based on the disproportion between men and women in the older age group.

* * *

The Ames Company has a new system of controls for routine urinalysis tests. Called TEK-CHEK,™ the system consists of bottles of freeze-dried human urine to which specific additions have been made prior to freezing. The "specimen" is reconstituted by adding water. Four different "specimens" are available, one negative to all tests, one positive for protein only, one positive for glucose only, and one positive for protein, glucose, ketone, occult blood and bilirubin.

* * *

WANTED: Physicians Locations

ANESTHESIOLOGY

Lee, Kwangshin, 3205 W. 30th St., Cleveland, Ohio 44109

Qureshi, Farooq, 1136 Vine Street, Apt. C-1, Liverpool, N.Y. 13088

DERMATOLOGY

Greenwald, Alan Edwin, 21 Pilpelbon Street, Omer (Beersheva), Israel

EAR, NOSE, & THROAT

Harner, Stephen, 1409 B. Washington Blvd., San Francisco, Calif. 94129

Keshavarz, E., 764 Larchmont Road, Elmira, N.Y. 14905

GENERAL PRACTICE

Ganzon, Mauro C., Jr., 603 S. 8th Street, Altoona, Pa. 16602

Gatmaitan, Alejandro V., Battey State Hospital, Redmond Road, Rome, Ga. 30161

McDonagh, Desmond Brian, 23838 Frisbee, Detroit, Mich. 48219

Martinez, Guillermo G., 5897 Babcock Blvd., Pittsburgh, Pa. 15237

Pope, W. Dean, Box 490, 6 Pleasant Street, Rangeley, Maine 04970

Rajan, M. S., 2930 Oakland Drive, Apt. No. 3, Youngstown, Ohio 44505

Recometa, Oscar D., 5163 Broadway Ave., Cleveland, Ohio 44127

Villa, Florencio C., Leland Motor Inn, Richmond, Ind. 47374

GENERAL SURGERY

Arya, Sirous, Lincoln Boulevard, Kenmore, N.Y. 14217

Campbell, Donald Bruce, 2668 East 115th, Cleveland, Ohio 44104

Carroll, Charles P., Virginia Village, 5011 Caryn Court, Alexandria, Va. 22312

Cohen, Lawrence A., 3152 Newell Drive, Riverside, Calif. 92507

Ihm, H. Jae, 500 South Wickham Road, Baltimore, Md. 21229

Lim, Antonio Villa, 1 Keegan Lane, Greenfield, Mass. 01301

Pancholy, Navin Chimanlal, 2157 Benson Drive, Dayton, Ohio 45406

Patel, A. K., 17015 Elm Drive, Hazel Crest, Ill. 60429

Rajamohan, V., Suburban Community Hospital, Warrensville Heights, Ohio 44122

So, James, 3011 North Racine, Chicago, Ill. 60657

Sull, Won Jong, 1878 Apt. #1, Forest Hills Blvd., Cleveland, Ohio 44112

INTERNAL MEDICINE

Ahn, Chang Hyun, 13800 Terrace Road, (#315), E. Cleveland, Ohio 44112

Alvarez, Faust M., 12 Salisbury Street, Hartford, Conn. 06112

Goburdhun, Vijayecoomar, Brookwood Apts. 853 Cedar Court, Cornwells Heights, Pa. 19020.

Kennel, Arthur J., M. M. Yemo Hospital, B. P. 169, Kinshasa, Zaire Republic

Patel, Kanu T., 30979 Warren, Westland, Mich. 48185

NEUROLOGY

Selby, Richard N., 1705 Spaatz Drive, Rantoul, Ill. 61866

Van Dyne, Bruce J., 101 Billy Mitchell Ave., Fort Worth, Texas 76114

OBSTETRICS & GYNECOLOGY

Oh, Jae Han, 403 St. Clair, Grosse Pointe, Mich. 48230

Shahab, M. Tabatabai, 1764 Yorktown, Cincinnati, Ohio 45237

ORTHOPEDICS

% Gallagher, Joanne, American Medical Personnel, Inc., 612 N. Michigan Ave., Chicago, Ill. 60611

Mitchell, Marvin M., 5850-1 Dupas Street, Fort Hood, Texas 76544

PEDIATRICS

Janelle, Jean G., 8719 West 78th Circle, Overland Park, Kan. 66204

Kim, Ihl D., 21324 Bournemouth, Apt. 204, Haperwoods, Mich. 48225

Rao, L. Mohan, 1149 Petra Place, Apt. 2, Madison, Wis. 53713

Sait, Tahir, Apt. 627, 2400 South Gleve Road, Arlington, Va. 22206

PSYCHIATRY

Gracia, Michael F., P. O. Box 94, Warm Springs, Mont. 59756

RADIOLOGY

Barner, John L., 545 Milledge Circle, Athens, Ga. 30601

UROLOGY

Neal, James M., 754 Independence, Akron, Ohio 44310

Moon, K. H., 2805 Sherry Lane, Des Moines, Iowa 50322

Sekaran, Somasundaram K., 5927 Nicholson Street, Pittsburgh, Pa. 15217

OTHER

Phillips, Elliot S., 1803 Crawford, Houston, Texas 77002 (Industrial Medicine)

Tomaneng, Ildefonso A., 34-23 73rd Street, Jackson Heights, Queens, N.Y. 11372 (House Physician)

EMERGENCY ROOM

Brown, Ronald Bayard, 2475 Stribling Lane, Norfolk, Va. 23518

HUSBAND AND WIFE PHYSICIAN TEAM

Agustin, Benjamin C., 9316 Seaview Avenue, Brooklyn, N.Y. 11236 (Husband-General Surgery; Wife-Obstetrics & Gynecology)

Rivera, Jullius P., 20204 Longbrook, Warrensville Height, Ohio 44128 (Husband-General Surgery; Wife-Anesthesiology)

Soaking the Poor

Social Security is a noble concept, but its cost is beginning to show. If H.R. 1, the welfare reform and Social Security bill supported by Chairman Wilbur Mills of the House Ways and Means Committee, is adopted, we face an 86% payroll tax increase in the next six years. Since employers must match these deductions, the hikes will have a marked effect on employment.

For some families with low or moderate incomes, the Social Security tax by 1977 could be larger than the income tax itself.

When Social Security began 35 years ago, the tax rate was 1% each on employee and employer. Under the new bill, the combined rate rises to almost 15%.

This is not an example of soaking the rich, but of soaking the poor.

From the "Notebook" of John S. Knight, president and editor of Knight Newspapers.
Courtesy of U. S. Chamber of Commerce, Washington Report.



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(One of a series of ads being run in key Hoosier newspapers)

Deaths

Clemens W. Dahling, M.D.

Dr. C. W. Dahling, 68, New Haven physician and surgeon from 1930 until his retirement in 1970, died in Indianapolis on March 5 while en route home from an Indiana University basketball game.

He was a graduate of the Indiana University School of Medicine, was a member of the Allen County Medical Society, the AMA and the Indiana State Medical Association.

Dr. Dahling was also an associate member of the International College of Surgeons.

Clela H. Harkness, M.D.

Dr. Clela H. Harkness, 72, Terre Haute, died Feb. 18 in Indianapolis. A psychiatrist, she retired as a staff physician at Central State Hospital, Indianapolis, in 1969.

She was a graduate of Indiana University Medical School and a former member of the Indiana State Medical Association.

Clarence A. McVey, M.D.

Dr. Clarence A. McVey, Hammond, who had practiced medicine in the Calumet Region for 48 years, died March 10 at St. Margaret Hospital at the age of 80.

A graduate of Vanderbilt University Medical School, he was inducted into the Fifty Year Club of the Indiana State Medical Association at the Association's 1971 annual meeting.

Dr. McVey was a member of the Lake County Medical Society, the AMA and was a Senior Member of ISMA.

Elmer B. Moser, M.D.

Dr. Elmer B. Moser, 94, who had practiced medicine in Windfall for more than 50 years, died April 1 in the Tipton County Memorial Hospital. He had retired from active practice 10 years ago.

A 1903 graduate of Indiana Medical College, now the Indiana University School of Medicine, he was a member of the Tipton County Medical Society and was a Senior Member of ISMA.

He was a veteran of World War I.

Leo C. Noonan, M.D.

Dr. Leo C. Noonan, M.D., 42, Valparaiso, died March 3 in Gary Methodist Hospital after a lingering illness.

A 1959 graduate of the Indiana University School of Medicine, he interned at Gary Methodist Hospital and practiced in Lake County until 1963, when he moved to Valparaiso.

He was a member of the American Academy of Family Physicians, the Porter County Medical Society and the Indiana State Medical Association.

John W. Ramey, M.D.

Dr. John W. Ramey, 82, Kokomo, died Feb. 21 in his home.

He had practiced medicine in Kokomo for 60 years and became a member of the ISMA Fifty Year Club in 1962. He was also a member of the Howard County Medical Society, the American Medical Association and was a Senior Member of ISMA.

Dr. Ramey was graduated from the Meharry Medical College, Nashville, Tenn., in 1912.

Joseph L. Storey, M.D.

Dr. Joseph L. Storey, 70, retired Indianapolis physician, died March 20 while vacationing in Nassau, the Bahamas.

A Navy veteran of World War I, he was a graduate of the Indiana University School of Medicine, and a former member of the Marion County Medical Society and ISMA.

Jason Weiss, M.D.

Dr. Jason Weiss, former Indianapolis anesthesiologist, died March 21 in Lighthouse Point, Fla. He was 57.

A graduate of the Indiana University School of Medicine in 1941, he practiced at Indianapolis until moving to Pompano Beach, Fla., in 1965.

He was a former member of the Marion County Medical Society and the Indiana State Medical Association.

Noah Zehr, M.D.

Dr. Noah Zehr, Fort Wayne, died Feb. 21 in the Towne House Health Center, Fort Wayne. He was 89.

A native of Adams County, Dr. Zehr practiced at Berne from 1908 to 1910 before moving to Fort Wayne. He was a graduate of the Western Reserve University Medical School, Cleveland, in 1908.

In 1958 he became a member of the ISMA Fifty Year Club; he was also a Senior Member of ISMA and a member of the Allen County Medical Society.

A vast amount of confusing claptrap obscures the medical care picture. Unfortunately much of this issues from presumably authoritative sources of expertise in the health delivery field. The result is that even the most earnest and conscientious legislator who accepts these emanations without further analysis is likely to be seriously misled.

Perhaps he should turn to the physician on the firing line for interpretive guidance. He should force himself to forget for the moment impersonal statistics, grandiose plans, and giant manipulations, and translate proposals in the medical care field to where the action is—the doctor, the patient, and their relationship. At this level there should be no difficulty in understanding what is meant when a pitch for change is made.—*Bulletin,* **Medical Society of the County of Kings and the Academy of Medicine of Brooklyn, N.Y.**

County, District News

Third District

More than 65 members attended the April 5 meeting of the Third District Medical Society. In the election of officers Dr. Claude J. Meyer, Sellersburg, was named president and Dr. Robert K. McKechnie, Jeffersonville, secretary-treasurer.

Allen

Election of officers took place at the April meeting of the Allen County Medical Society with the following result: President-elect, Dr. Richard B. Juergens; secretary, Dr. Thomas D. Foy; treasurer, Dr. Peter A. Blichert; trustee, Drs. W. Lloyd Bridges, Fred W. Dahling and Kenneth F. Isenogle; delegate, Drs. William R. Cast, John S. Farquhar and DeWayne L. Hull; alternate delegate, Drs. Charles S. Giffin, Thomas A. Felger and Harry D. Tunnell; Foundation director, Drs. August M. Hasewinkle and Robert E. Sullivan.

Dr. Elfred H. Lampe will serve as president during the current year.

Dearborn-Ohio

Dr. Frans Geeraerts spoke on drug abuse at the March meeting of the Dearborn-Ohio County Medical Society. Twelve members were in attendance.

At the April meeting the speaker was Dr. James Madura of the Indiana University Medical Center. His subject was kidney transplants and the donor program.

Fountain-Warren

There was no speaker scheduled for the March meeting of the Fountain-Warren County Medical Society; instead, those present discussed a number of current medical matters. Included were evaluation of the taking of blood pressures by the local heart association; the annual Journalism Award; the opinion by ISMA attorneys as to the Uniform Consumer Credit Code and its relationship to physicians in practice in Indiana; the new attitude towards smallpox vaccination; and available immunization programs, particularly in regard to tetanus.

Dr. Peter Petrich presented his plans for the 1972 ISMA convention.

Doctors Max N. Hoffman, Covington; Carl A. Nelson, West Lebanon, and Lowell R. Stephens, Covington, were named to the nominating committee.

Kosciusko

Representatives of the Senior Class at Warsaw High School presented a Bili-Lite which cost $365 to the Kosciusko County Medical Society at its March meeting.

LaPorte

Dr. James A. Madura, Indiana University Medical Center, spoke on renal transplants and the procurement of cadaver organs at the March meeting of the LaPorte County Medical Society.

At the February meeting members heard a presentation by Mrs. Anne McFarren, executive director of the Gary Planned Parenthood Association.

Madison

Dr. Jack D. Whitaker has been chosen president-elect of the Madison County Medical Society and Dr. Ralph E. Reynolds, Middletown, secretary-treasurer. Dr. Franklin K. Beeler is president. Doctors Beeler and Whitaker are of Anderson.

Marshall

"Overpopulation—Its Effects on Society" was the title of the presentation by Mr. Dan Telfer, a representative of the Ortho Pharmaceutical Corporation, at the March meeting of the Marshall County Medical Society.

Porter

At the February meeting of the executive committee of the Porter County Medical Society a senior review committee was named, as follows: Dr. John Forchetti, chairman, Drs. John Crise, Leon Armalavage, Charles Griffin, Warren Kilmer and William McBride.

In addition to numerous other matters discussed at the meeting, there was consideration as to how the society could go about helping the county to obtain a traffic light at the intersection of Route 6 and Campbell Road.

Putnam

A Doctor Hammond discussed use of venturi-mask 0_2 therapy for respiratory failure at the February meeting of the Putnam County Medical Society.

Rush

New officers chosen by the Rush County Medical Society at their January meeting are: President, Dr. W. H. Nutter; vice president, Dr. Harry G. McKee; and secretary, Dr. Charles Sheets.

Tippecanoe

"Alcoholics in Industry" was the topic of the talk given at the March meeting of the Tippecanoe County Medical Society by Dr. Miles Caldwell. Fifty-two doctors and five guests were present.

As used in relationship to CHAMPUS, "physician" means a professionally qualified doctor of medicine or doctor of osteopathy who is licensed to provide the medical care for which payment is requested. Doctors of dental surgery, doctors of dental medicine and doctors of surgical chiropody, when acting within the scope of their licenses, are deemed to be physicians.

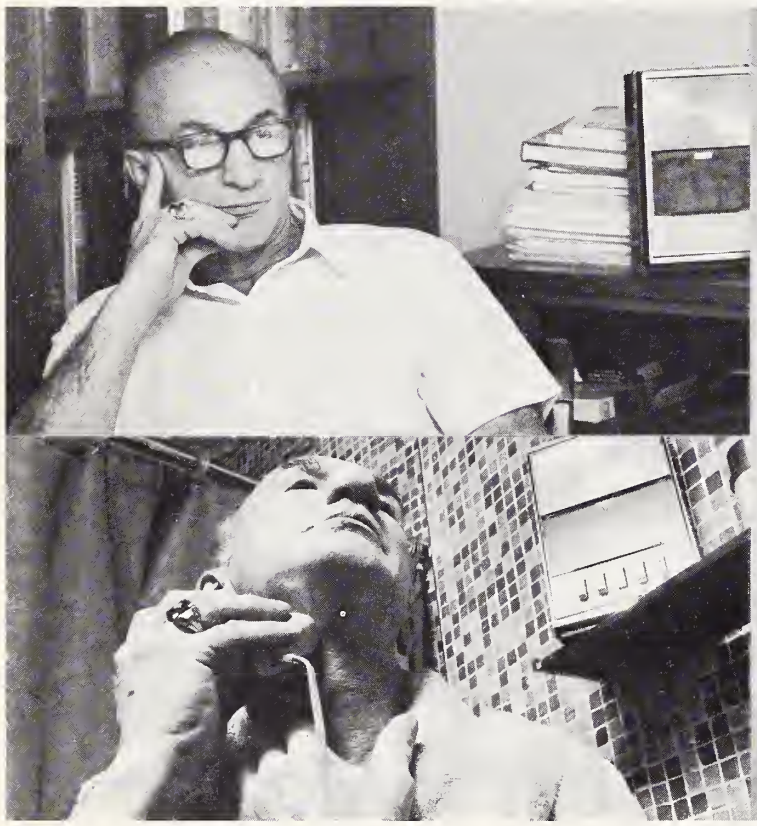
* * * * *

Qualified individuals specializing in a science allied to the practice of medicine may provide authorized services under CHAMPUS, provided that these services are ordered by a physician. Persons considered to be specializing in sciences allied to medicine would include, but would not be limited to, speech therapists, speech pathologists, audiologists, remedial reading teachers, social workers, physical therapists, occupational therapists, and nurses.


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Association News

EXECUTIVE COMMITTEE

Saturday, March 4, 1972

The Executive Committee convened at 4:00 p.m. Saturday, March 4 in the headquarters building with Donald M. Kerr, M.D., presiding. Roll call showed the following present: Donald M. Kerr, M.D., Wilbert McIntosh, M.D., Peter R. Petrich, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Lester Hoyt, M.D., Hugh K. Thatcher, Jr., M.D., Frank B. Ramsey, M.D., and James A. Waggener.

MINUTES OF THE MEETING held January 8th were approved on motion of Dr. Gosman and Dr. Hoyt.

THE MEMBERSHIP REPORT was accepted by consent.

Membership Report:

Number of members as of December 1, 1971	4,557
1972 members as of January 31, 1972:	
Full dues paying members	3,065
Residents and interns	36
Senior	382
Board Remitted	47
Honorary	3
Military	29
Total 1972 members as of January 31, 1972	3,562
Total 1971 members as of January 31, 1971	3,150
Number of AMA members as of January 31, 1971	2,973
Number of AMA members as of January 31, 1972	3,349
Full dues paying	2,891
Exempt, but active	458
	3,349
Number who paid state dues but not AMA dues as of January 31, 1972	210
Number who paid state dues but not AMA dues as of January 31, 1971	174

Headquarters Office

PROPOSAL, TEMPGUARD, INC.—A proposal for the installation of a Tempguard System was turned down by consent.

TREASURER'S REPORT—The treasurer asked that his report be deferred, inasmuch as it would be given before the Board on Sunday, and this was approved by consent.

Organization Matters

INTRAV MATTER—A letter from INTRAV concerning the contract was reviewed and, inasmuch as a portion of their reply had not arrived, no action was taken.

AIR TRAVEL UNDERWRITERS—A letter from Air Travel Underwriters concerning insurance was reviewed and, on motion of Dr. Petrich and Dr. McIntosh, it was suggested that this information be sent to all persons who had signed up for the charter flight.

LETTER INDIANA MEDICAL ASSISTANTS—A letter from the Indiana Association of Medical Assistants seeking approval of the proposed changes in their Bylaws was approved on motion of Dr. Hoyt and Dr. Gosman.

RESOLUTION FROM DELAWARE-BLACKFORD MEDICAL SOCIETY—A resolution from the Delaware-Blackford County Medical Society was reviewed and, by consent, referred to the Board of Trustees.

REQUEST FOR REFUND OF DUES—A request for refunding of dues for a member who is currently in a residency with the association retaining the resident's fee, was approved on motion of Dr. McIntosh and Dr. Hoyt.

REQUEST FOR USE OF MAILING LIST, CANCER SOCIETY—The request of the Indiana Division of the American Cancer Society for use of our mailing list was approved on motion of Dr. Gosman and Dr. Petrich.

REQUEST FOR USE OF MAILING LIST, ARTHRITIS CHAPTER—A request of the Kentucky Chapter of the Arthritis Foundation for use of our mailing list was approved on motion of Dr. Dukes and Dr. Hoyt.

REQUEST FOR DONATION SAMA—A request from the Indiana Chapter of SAMA for funds to help defray the expenses of their delegation to the national meeting was reviewed and, on motion of Dr. McIntosh and Dr. Dukes, the sum of $500 was allocated for this purpose.

LETTER FROM HAMILL, PRICE & CARROLL—A letter from Hamill, Price and Carroll reporting that the judge had not handed down a summary judgment in our tax case and assuming the case would now go to trial was read for the information of the committee.

LETTER FROM STEWART, IRWIN, GILLIOM, FULLER & MEYER—A letter from Stewart, Irwin, Gilliom, Fuller and Meyer concerning the doctor's liability under the Consumer Code was read for the information of the committee.

LETTER FROM LEO G. WATSON—A letter from Dr. Leo G. Watson of Kokomo was reviewed and referred to the Commission on Medical Economics and Insurance.

RESOLUTION FROM WAYNE-UNION CO. MEDICAL SOCIETY—A resolution from the Wayne-Union County Medical Society was read and taken as a matter of information.

LETTER FROM MERRITT ALCORN, M.D.—A letter to the president from Merritt Alcorn, M.D. was read for the information of the committee.

LETTER FROM ROBERT C. COLVIN, M.D.—A letter from Robert C. Colvin, M.D. of Newburgh was read and taken as a matter of information.

REPORT FROM THE COMMISSION ON EMERGENCY MEDICAL SERVICES—A report from the Commission on Emergency Medical Services concerning a proposed policy statement on the training of emergency medical personnel was read and, on motion of Dr. Dukes and Dr. Gosman, the statement is to be referred to the Board of Trustees with the recommendation that it be approved.

REQUEST FROM INDIANA YOUTHPOWER CONFERENCE—A request from the Indiana Youthpower Conference for a contribution of $50 was approved on motion of Dr. McIntosh and Dr. Petrich.

DEFAULTED STUDENT LOAN—A notice from the Indiana National Bank of an individual who had defaulted on a student loan was reviewed and payment to the bank was approved on motion of Dr. Dukes and Dr. McIntosh.

It was also ordered that a letter be written to the physician and the co-signers on the note that the association will give them 30 days to make payment and at the end of 30 days action would be started if the payment has not been received.

MEMO INDIANA HOSPITAL ASSOCIATION—A memo to the Indiana Hospital Association concerning the proposed program for the meeting of hospital administrators, chief of hospital medical staffs and trustees was reviewed and, by consent, it was agreed to suggest the consideration of a program on the new rules on Joint Accreditation of Hospitals.

NOMINATION FOR SHEEN AWARD—A notice of nominations now being in order for the Sheen Award was read and, on motion of Dr. McIntosh and Dr. Petrich, the name of Dr. J. O. Ritchey is to be submitted again.

SUBCOMMITTEE ON CONTINUING MEDICAL EDUCATION—Minutes of the Subcommittee on Continuing Medical Education were read for the information of the committee.

DR. OWSLEY'S CAMPAIGN FOR VICE PRESIDENT OF AMA—The question of gifts for promoting the campaign of Dr. Owsley for the office of Vice President of the AMA was raised with the secretary reporting that, on the basis of the mail poll, he had placed an order for 300 of the ceramic owls and, after further discussion, on motion of Dr. Petrich and Dr. McIntosh, it was agreed to increase the order to 500.

IHA ACTION 90th PERCENTILE—Material from the Indiana Hospital Association concerning the development of a proposed 90th percentile for Indiana Hospitals was reviewed for the information of the committee.

LETTER FROM INDIANA DENTAL ASSN.—A letter from the Indiana Dental Association seeking a contribution from ISMA for the deficit incurred by that group in holding a Conference in November of 1971 was reviewed and, by consent, the request was turned down due to the fact that there was no prior agreement that various organizations would subsidize this program.

LETTER FROM BLUE SHIELD—A letter from Indiana Blue Shield concerning changes in rates on the Physicians' Program was reviewed and, by consent, referred to the Board of Trustees.

LETTER FROM ENCYCLOPAEDIA BRITANNICA—A letter from Encyclopaedia Britannica offering a special program on their product to doctors was turned down by consent.

REPORT OF WELFARE ADVISORY COMMITTEE—A report of the Welfare Advisory Committee to the State Department of Public Welfare was reviewed and taken as a matter of information.

LETTER FROM ATTORNEYS—A letter from Stewart, Irwin, Gilliom, Fuller and Meyer concerning a doctor's potential liability in drawing blood under the implied consent law without the consent of a person from whom the blood is to be drawn was referred to the Board by consent and the secretary instructed to include a comment on this in the next News Flash.

Blue Cross-Blue Shield Matters

Several matters dealing with the Blue-Cross- Blue Shield program were reviewed and taken as a matter of information.

Convention Report

The report of the Medical Exhibitor's Association on the attitude of exhibitors on the 1971 meeting was reviewed and taken as a matter of information.

Medical Defense

REQUESTS from two members for medical defense were approved.

Journal

A memo from the SMJAB announcing that the Pharmaceutical Manufacturers Association had contracted for three pages of advertising in the Indiana State Medical Association Journal beginning in April and running for the rest of the year was taken as information.

On motion of Dr. McIntosh and taken by consent, the president, the editor and the chairman of the Board of Trustees are to write to the Pharmaceutical Manufacturers Association expressing their appreciation of this program.

REQUEST FOR SPACE, METPATH—A request for space in The Journal by MetPath was turned down on motion of Dr. Dukes and Dr. Gosman.

PRINTING OF *THE JOURNAL*—The secretary reviewed the bids he had received on printing of The Journal and, after a full discussion, on motion of Dr. Petrich and Dr. Gosman, this is to be referred to the Board of Trustees with the recommendation that The Journal be printed by the Gibbs-Inman Company in Louisville, Ky., beginning with the July issue.

Future Meetings

AMA Briefing Sessions — Washington, D.C.—The secretary read a telegram concerning the AMA Washington staff holding briefing sessions for the various state delegates on March 9th and 10th and this was taken as a matter of information.

AMA 25th National Conference on Rural Health—A notice of the AMA's 25th National Conference on Rural Health to be held in San Francisco March 16-17 was read and, by consent, no delegate will be sent.

Hospital Accreditation Workshop—A notice of a Hospital Accreditation Workshop to be held in Orlando, Florida, on March 18th was reviewed and, by consent, no delegate will be sent.

FOREIGN POLICY CONFERENCE—A notice of a Foreign Policy Conference to be held in Indianapolis on April 14th was reviewed and, by consent, this information is to be conveyed to the Board of Trustees to determine if any trustee is interested in attending this conference.

AMA's 18th Annual Conference of State Mental Health Representatives—A notice of the AMA's Annual Conference of State Mental Health Representatives to be held in Scottsdale, Arizona, April 13-15 was read and, by consent, no delegate will be sent.

President's Council on Physical Fitness and Sports—A notice of the meeting of the President's Council on Physical Fitness and Health to be held April 20-21 in Dearborn, Mich., was read and, by consent, it was agreed that Dr. Brad Bomba be authorized to attend this meeting at Association expense.

Iowa State Meeting—A notice of the Iowa State Meeting to be held in Des Moines April 23-26 was read and the president plans to attend this meeting.

Wisconsin State Meeting—A notice of the Wisconsin State Meeting to be held in Milwaukee May 8-11 was reviewed and Dr. Gosman plans to attend this meeting.

Distribution of Health Manpower— Attention was called to a meeting to be held in San Francisco on Saturday, June 17th for The Distribution of Health Manpower and this is to be brought to the attention of the delegation attending the AMA meeting.

Letter from Oregon Medical Association—A letter from the Oregon State Medical Society announcing that they proposed to nominate Dr. Max Parrott to succeed himself as trustee of the AMA was read for the information of the committee.

AMA Session San Francisco

The operation of the Indiana room at the San Francisco meeting of the AMA was discussed and it was agreed that the hospitality suite would be open from 5-7:00 p.m. on Sunday, Monday and Wednesday evenings. It was further agreed that the delegates and alternate delegates would meet with the officers of the association in the Headquarters Suite immediately following the conclusion of the opening session of the House of Delegates on Sunday, June 18th.

It was further agreed that breakfast meetings of the Indiana delegation would be held on Tuesday, Wednesday and Thursday mornings.

THIRD ANNUAL CONFERENCE OF STATE MEDICAL ASSN. REPRESENTATIVES ON CONTINUING MEDICAL EDUCATION—A notice concerning the Third Annual Conference of State Medical Association Representatives on Continuing Medical Education to be held in Chicago October 24-26 was read and this is to be deferred until the September meeting of the committee

There being no further business, the committee adjourned to meet again on the call of the chairman.

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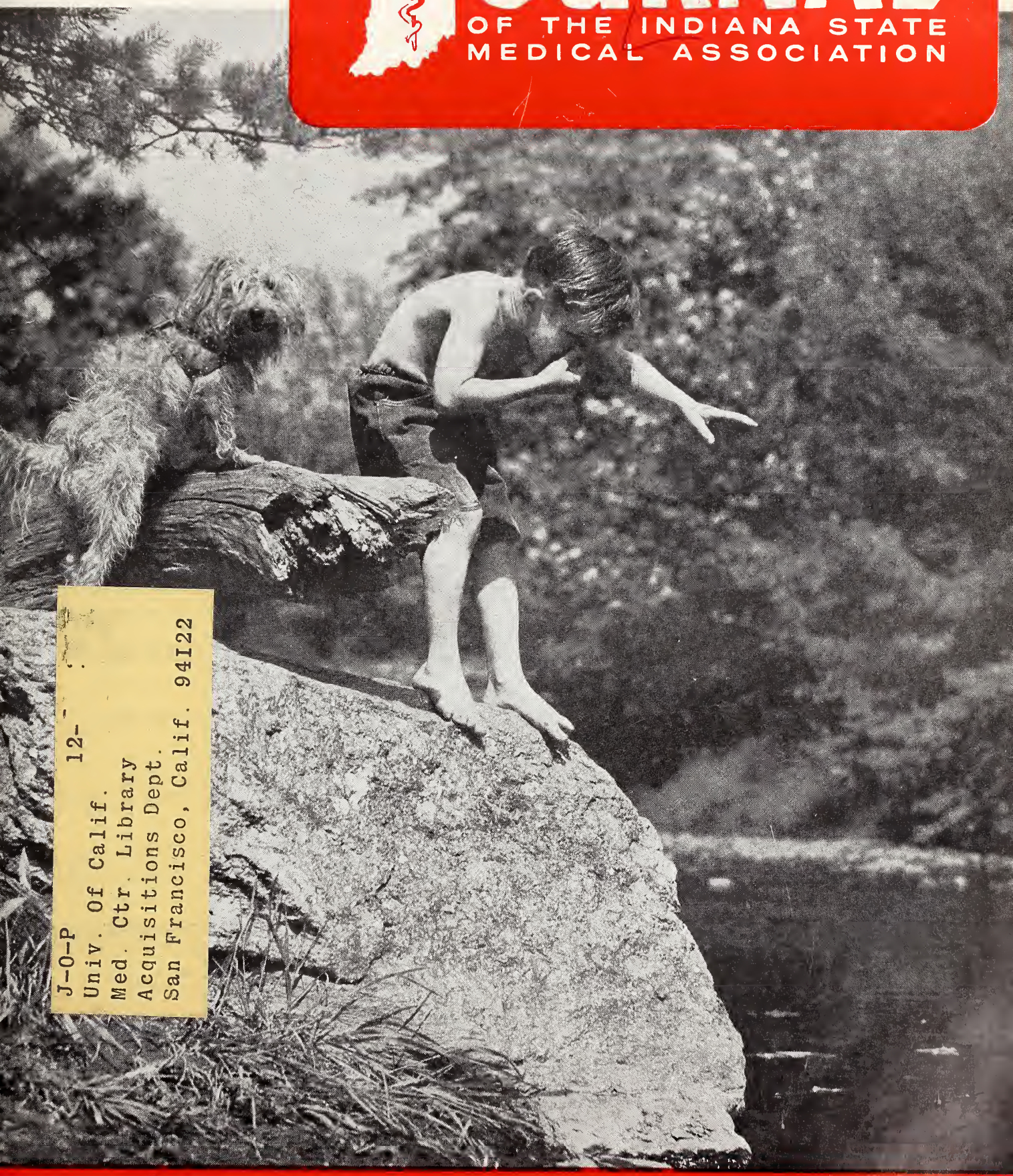
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Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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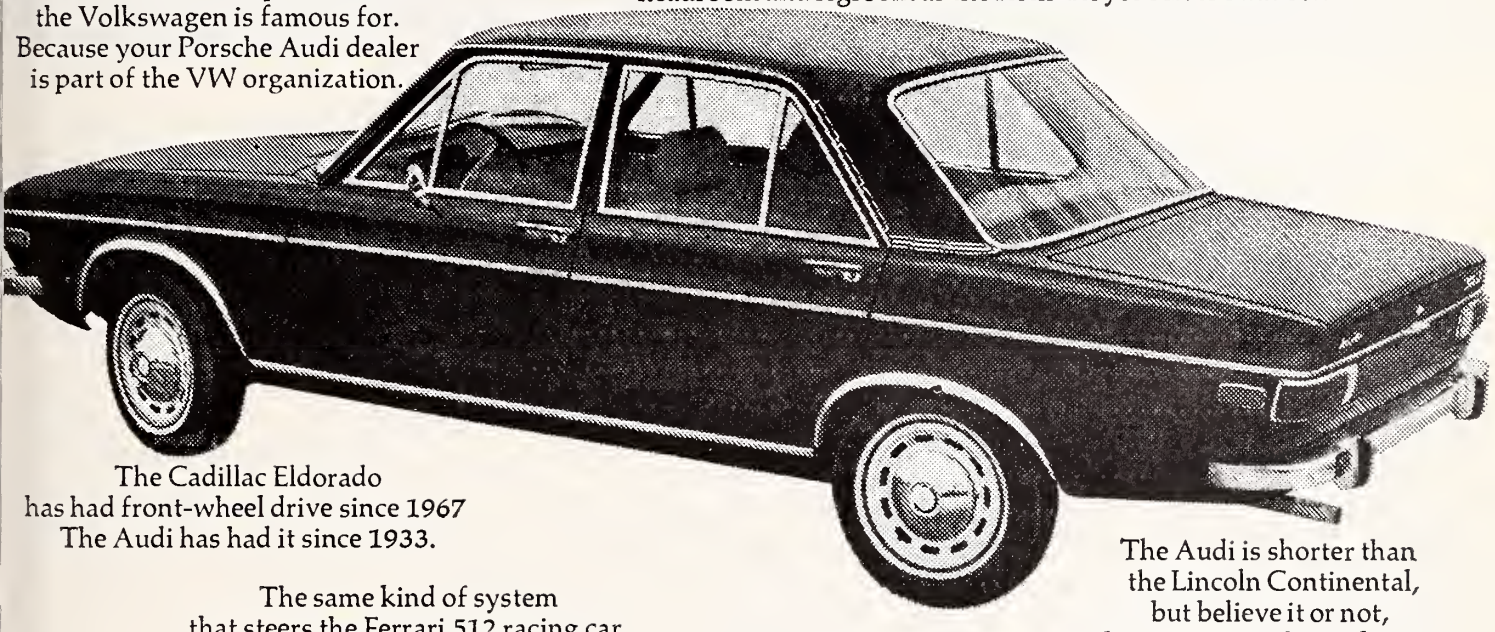
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JUNE 1972

The Journal
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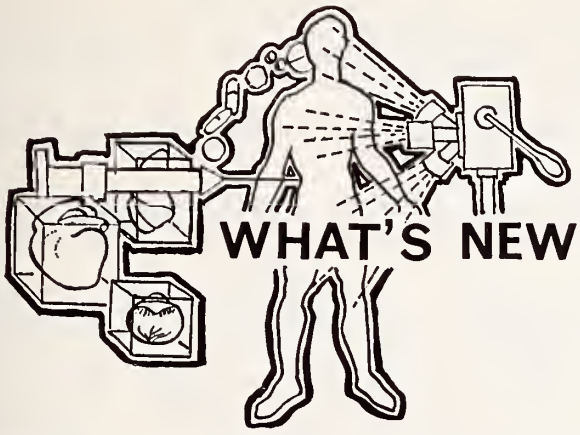
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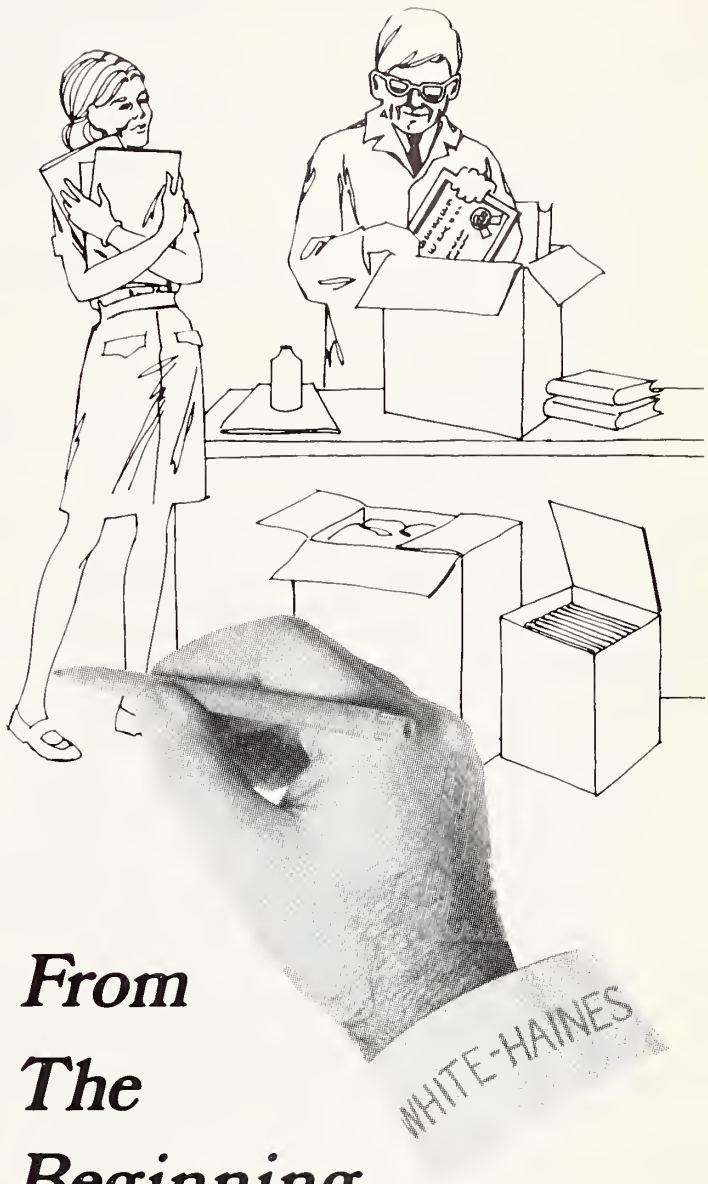
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7—John O. Butler, Indianapolis	Oct. 1974
7—Dwight W. Schuster, Indianapolis	Oct. 1972
8—Richard Ingram, Montpelier	Oct. 1972
9—William M. Sholty, Lafayette	Oct. 1973
10—Vincent J. Santare, Munster	Oct. 1974
11—Lowell Hillis, Logansport	Oct. 1972
12—William R. Clark, Fort Wayne	Oct. 1973
13—G. Beach Gattman, Elkhart	Oct. 1974

ALTERNATES

District	Term Expires
1—Raymond Newnum, Evansville	1973
2—Betty Dukes, Dugger	1974
3—Thomas Neathamer, Jeffersonville	1974
4—Howard C. Jackson, Madison	1973
5—Cleon M. Schauwecker, Greencastle	1973
6—Glen Ward Lee, Richmond	1975
7—Joseph F. Ferrara, Franklin	1972
7—Joseph C. Kerlin, Danville	1972
8—R. D. Williams, Anderson	1973
9—Max N. Hoffman, Covington	1974
10—Thomas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1973

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Eugene F. Senseny, Fort Wayne	Eugene S. Rifner, Van Buren
Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

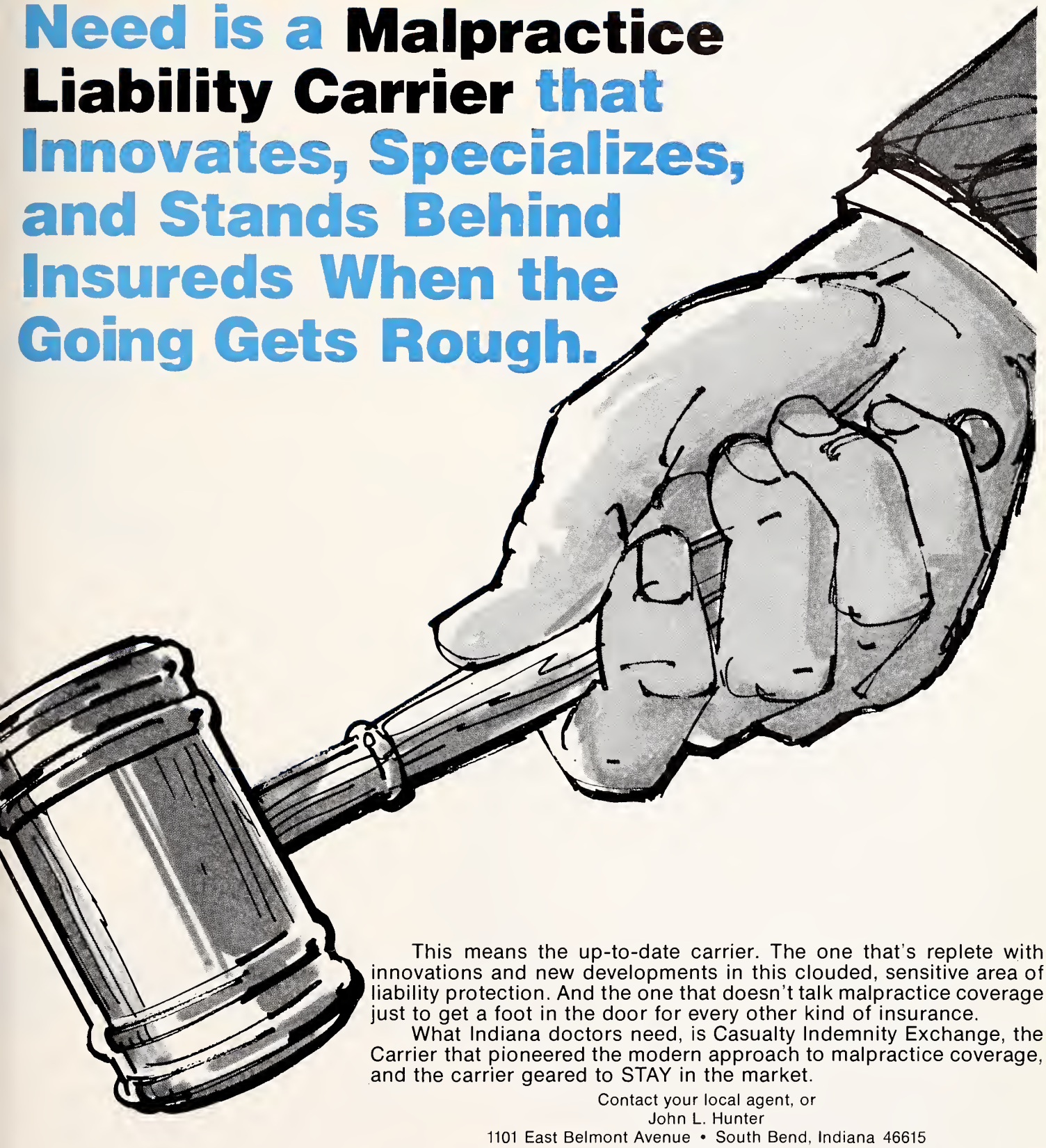
Terms expire December 31, 1973:

Delegates	Alternates
Jack E. Shields, Brownstown	Patrick J. V. Corcoran, Evansville
Lowell H. Steen, Hammond	Thomas C. Tyrrell, Hammond

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2.		J. S. Brown, Carlisle	Bloomington
3.	Claude J. Meyer, Sellersburg	Charles X. McCalla, Paoli	
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	Columbus
5.	James C. Lett, Greencastle	J. Franklin Swaim, Rockville	May 23, 1973, Greencastle
6.	John Moenning, Greenfield	Davis W. Ellis, Jr., Rushville	Rushville
7.	John M. Records, Franklin	Merrill M. Weseman, Franklin	June 14, 1972, Greenwood
8.	Franklin K. Beeler, Anderson	Edward R. Bush, Anderson	
9.	Don W. Boyer, Lebanon	Clarence G. Kern, Lebanon	June 28, 1972, Lebanon
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
11.	John Elleman, Kokomo	Fred Poehler, La Fontaine	Sept. 20, 1972, Kokomo
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	September 14, 1972
13.	Frank McGue, Michigan City	David L. Spalding, Mishawaka	Sept. 13, 1972, Michigan City

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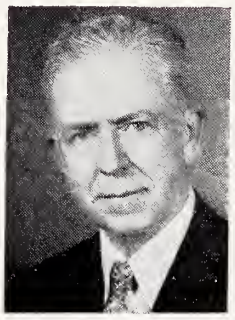
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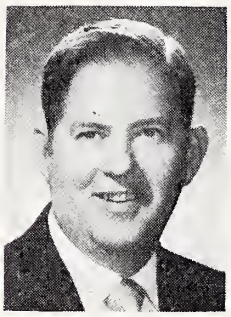
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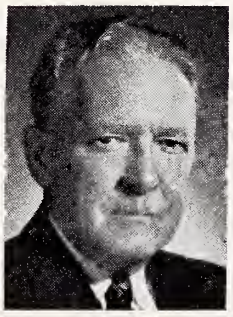
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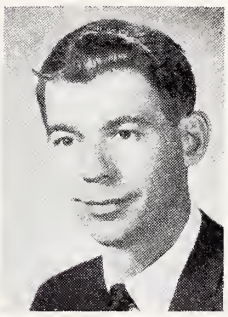
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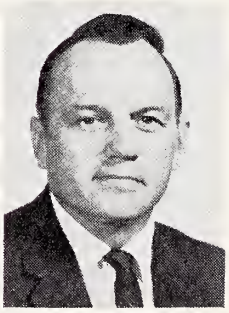
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The Woman's Auxiliary REPORTS TO ISMA

The 28th annual meeting of the House of Delegates for the ISMA Woman's Auxiliary was held April 26-27 at the Marott Hotel, Indianapolis. The theme was "It's Been a Banner Year"—and it certainly was, under the capable leadership of our immediate past president, Mrs. Stanley Chernish.

On the night before the official opening of the House of Delegates we had a dinner honoring our past state presidents with entertainment by the "Music Men" from North Central High School.



Wednesday morning, the House of Delegates heard reports of state chairmen and presidents from Northern and Southern areas. Following lunch, our guest speaker was Mrs. G. Prentiss Lee, president of the Woman's Auxiliary to the AMA. Patty is a dynamic person and her message to us was timely. One remark she made was, "We can help set up health programs in our communities which will be informative and interesting. We can serve as catalysts in getting experts in the medical field to speak to groups in search of health facts." Mrs. Lee went on to Chicago to preside at the Conference on Health Education sponsored by the AMA and WA-AMA.

On Wednesday afternoon memorial services were held at the Broadway Methodist Church honoring the memory of 18 auxiliary members who passed away during the past year. Mrs. Herbert Sedam and the Reverend Robert Fribley conducted the services. Following this service, the ladies were taken on a tour of the Eli Lilly Museum.

The dinner Wednesday evening was a great success. Husbands were invited and we had greetings from Dr. Peter Petrich, president of the ISMA. The entertainment was titled "Hoosier Hoedown" and featured a variety of acts—a barbershop quartet, dancing girls, and an old-time melodrama.

Thursday morning we resumed the business of the convention and heard reports of our Central Area Presidents. Following this, the election of officers was held. Mrs. C. Herbert Spencer, chairman of the House of Delegates for 1973, extended an invitation to attend the 29th annual convention, to be held at the Hospitality Inn in Ft. Wayne, April 25-26, 1973—in "Johnny Appleseed Country."

At the installation luncheon, Mrs. H. Carter Dunstone of Allen County installed the new officers: President, Mrs. Philip L. Smith; president-elect, Mrs. Willis Stogsdill; first vice-president, Mrs. Otis Bowen; northern area vice-president, Mrs. David Goldsmith; central area vice president, Mrs. John Stanley; southern area vice-president, Mrs. Edsel Reed; recording secretary, Mrs. John Ripley; treasurer, Mrs. Peter Classen.

Our applause was long and loud for the convention chairman, Mrs. William Ellis, and her co-chairman, Mrs. E. Carl Hann, both of Marion County. They did a fantastic job. A special thanks to all of the Marion County girls who worked so hard to make this a success.

The flowers were lovely, decorations superb—and all arrangements made this a most memorable convention.

Mrs. Stanley Chernish will be going to the AMA convention in San Francisco to report on all the Indiana activities this past year. We can all give Lelia a big thank you for her outstanding leadership.

Marjorie Smith

Advertisement

"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

—George Sarton, from "The History of Medicine Versus the History of Art"

Would it be useful in clinical practice to have government predetermine drugs of choice?

Opinion

Results of a survey of physicians:

13.3%
Yes, it would be useful.

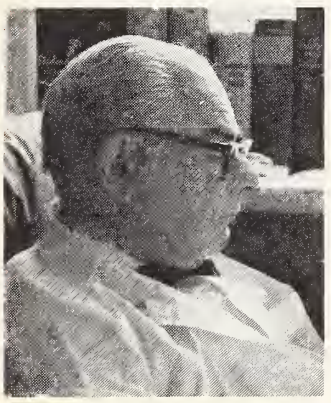
86.7%
No, it would not be useful.

Dialogue

Would it be useful in clinical practice to have government predetermine drugs of choice?

Doctor of Medicine

Walter Modell, M.D.,
Professor of Pharmacology,
Cornell University
Medical College,
Editor,
Clinical Pharmacology
& Therapeutics,
Drugs of Choice,
Rational Drug Therapy



The proposition that government should determine one or two "drugs of choice" within a given therapeutic class reflects the belief that a similarity in molecular structure insures a close similarity in pharmacologic effect. But this is by no means the rule. An obvious example would be in the field of diuretics, where a small change in chemical structure accounts for substantial differences in concomitant effects such as potassium excretion.

Any attempt to dictate the "drug of choice" would be complicated by the fact that some populations demonstrate a bimodal distribution in their reaction to drugs. If the data on drug response are mixed for the total population, one drug will appear to be as useful as the other. But if drug response is reported separately for different segments of the population, drug A will be found to be better for one group and drug B for the other.

It may, of course, be possible to determine drugs of choice in particular categories on a broad statistical basis. But there are always certain patients in whom a drug produces odd, unpredictable or idiosyncratic reactions. So, though a drug might statistically be the most useful one in a given situation, individual variations in response might make it the *incorrect* one.

The point I wish to make is that if two, three, four or more drugs in one class are of approximately equal merit, that in itself is justification for their availability. Exceptional cases do arise in which one drug would be useful to a certain segment of the population and another drug would be of no use at all. In the practice of medicine, the physician must be prepared to treat the routine as well as the unusual case.

Another objection to the determination of a drug of choice is that precise statements of *relative* efficacy are very difficult to make—much more difficult than statements of efficacy. For example, in testing drug efficacy, it is easy to determine the difference between a drug that is effective in treating a condition and one that is not at all effective. Thus, it is fairly easy to determine whether a drug is more effective than a placebo. But if you compare one drug that is effective with another drug that is also effective, and the relative differences between them are very slight, statements of relative efficacy may be very difficult to make with assurance.

I do not mean to imply that relative efficacy statements are not useful or can never be made. With some groups of drugs (e.g., analgesics), extensive study and precise methodology have yielded useful information on relative efficacy. But in most situations, such information can be acquired only through studies encompassing three to five years of use in many more patients than are used to compare drugs with a placebo for the introduction of a drug into commerce. It is really only after practitioners use a drug extensively that relative safety and efficacy in practice can really b determined.

The Bureau of Drugs h suggested the package i sert as a possible means communicating informati on relative efficacy of dru to the physician. I find th objectionable, since I d not believe the physicia should have to rely on th source for final scientif truth. There is also a pra tical objection: Since fe physicians actually di pense drugs, they seldo see the package insert. I any event, I would mai tain that the physicia should know what drug h wants and why without d pending on the governme or the manufacturer to te him.

Undoubtedly, physician are swamped by excessiv numbers of drugs in som therapeutic categories. An I am well aware that man drugs within such cat gories could be eliminate without any loss, or pe haps even some profit, t the practice of medicin But, in my opinion, neithe the FDA nor any othe single group has the expe tise and the wisdom nece sary to determine the or "drug of choice" in a areas of medical practice.

Maker of Medicine

enneth G. Kohlstaedt, M.D.,
Vice President,
Medical Research,
Eli Lilly and Company



In my opinion, it is not
e function of any govern-
ent or private regulatory
ency to designate a "drug
choice." This determina-
n should be made by the
ysician after he has re-
ived full information on
e properties of a drug,
d then it will be based on
s experience with this
ug and his knowledge of
e individual patient who
seeking treatment.

If an evaluation of com-
rative efficacy were to be
ade, particularly by gov-
nment, at the time a new
ug is being approved for
arketing, it would be a
eat disservice to medi-
ne and thus to the patient
he consumer. For exam-
e, when a new therapeu-
agent is introduced, on
e basis of limited knowl-
ge, it may be considered
be more potent, more
fective, or safer than
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arket. Conceivably, at
is time the new drug
uld be labeled "the drug
choice." But as addi-
nal clinical experience is
cumulated, new evidence
ay become available.
ter, it may be apparent that the established products should not be so easily dismissed.

Variation in patient response to drugs constitutes one of the major obstacles to the determination of "drugs of choice." We are just beginning to open the door on pharmacogenetics, but it is evident that genetic differences cause wide variations in the way drugs are absorbed, metabolized, etc. This fact alone is sufficient to make unrealistic the idea that there is one drug in each class to be used for every human being.

The problem of determining relative drug efficacy is an extremely complicated one. Comparison with other drugs of the same class should not be a prerequisite for marketing a new substance. In some therapeutic areas, it may be difficult to make accurate comparisons. For example, in the treatment of infections it is not possible to conduct crossover studies. Recovery may be influenced by factors which cannot be controlled or measured, i.e., natural host resistance and virulence of infective agents. A drug's acceptability must often be judged on the basis of its own performance, and this may be limited to experience in a relatively small patient population. If the introduction of a new drug must await the adequate establishment of relative efficacy, the duration of clinical trial and extent of studies would be greatly prolonged, particularly for rare or unusual conditions. The availability of a new drug would be delayed. Many patients might suffer needlessly and lives might be lost.

Relative efficacy can best be established by experience in a general patient population through regular channels of clinical practice. The physician considers the patient as a whole, which means the patient often has multiple problems and drugs must be selected with this in mind. Hence, a "drug of choice" in an uncomplicated case may not be the best drug for a patient with associated problems. Publication of well-controlled studies in medical journals may provide comparative evidence; discussions at medical meetings, presentations at postgraduate courses, and the new audiovisual technology may bring evidence to physicians on comparative therapy. In a free medical marketplace, a drug that does not measure up will fall into disuse. For example, broad clinical experience has established vitamin B_{12} as the "drug of choice" for the treatment of primary pernicious anemia. No amount of advertising or promotional effort by the manufacturer could increase the use of liver extract for this anemia. However, a physician may wish to employ parenteral liver preparations for a special purpose.

In the field of surgery, peer review in the hospital has brought significant improvement in the use of new techniques and procedures. Something of this nature would be useful in the area of drug therapy. However, it should be developed by the medical profession itself and would necessitate, for its proper function, an improvement in the dissemination of reliable data on clinical pharmacology of drugs under consideration.

Ideally, information on the relative efficacy of drugs should be gathered and assessed by the physicians who actually administer the specific agents to a specific patient population. To do this, they will need even more information on the drugs they use – information that the pharmaceutical manufacturers must begin to provide if government regulation of *"drugs of choice"* is to be avoided.

Opinion & Dialogue

What is your opinion, doctor?
Send us your comments on the above issue.

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Previously unexplained deaths of competent swimmers may be due to pre-immersion hyperventilation.

Voluntary Hyperventilation as a Cause of Needless Drowning

W. D. SNIVELY, JR., M.D.,
JAN THUERBACH
*Evansville**

MANY practices long thought to be harmless, such as waxing obese on a diet high in saturated fats, have proven to be dangerous, even deadly. So it is with the practice of breathing deeply before swimming underwater. It now appears all too clearly that such hyperventilation can induce a shallow water blackout brought on in simple terms from loss of consciousness induced by oxygen starvation of the brain that occurs before the swimmer receives an irrepressible physiologic signal to breathe. Several thousand persons die each year from drowning; it appears entirely possible that a goodly number of these drownings are caused by voluntary hyperventilation. And the very individuals that die in this manner are young, healthy, usually competent, swimmers. How many times we have read or heard, "He was an excellent swimmer—we just don't understand why he drowned!" Voluntary hyperventilation may well provide the answer.

Typically, drowning following hyperventilation occurs in this manner: A young man is trying to see how far he can swim underwater, perhaps competing in a sense with himself, perhaps trying to better another person's record. He has learned from his agemates or perhaps from a swimming instructor that if he breathes rapidly and deeply for a minute, two minutes or more, he can stay underwater for a relatively long period. And so he hyperventilates, then plunges into the water. Indeed, most individuals that do this no doubt accomplish what they set out to do. They swim for a relatively long distance underwater and emerge happy with their accomplishment. But others simply don't come up. If friends have been watching, they may recognize that the individual is in trouble, dive down and bring him up. But all too frequently the most energetic efforts at resuscitation are futile.

Physiologic Mechanisms

Before examining a series of case histories, let us inquire into the mechanism of drowning caused by underwater swimming following hyperventilation. Normally, arterial blood contains oxygen at a pressure of from 90 to 100 mm of mercury. Venous blood may have an oxygen tension of 40 mm of mercury. If, however, the arterial oxygen pressure (po_2) drops below 60 mm of mercury, it is inadequate to provide the brain with sufficient oxygen to maintain consciousness. The exact figure at which the individual loses consciousness can vary with age, conditioning, carbon dioxide tension and, perhaps, special susceptibilities. The body contains special sensors that detect dangerously low oxygen concentration and signal the need to

* From the University of Evansville (where Dr. Snively is Professor of Life Sciences) and the Deaconess Hospital, Evansville. Mrs. Thuerbach is a Research Associate.

breathe. But the signal is a weak one; it can easily be suppressed, especially by a swimmer who is concentrating on endurance and the achievement of a challenging goal.

Far more important than oxygen in signaling the need to breathe is the level of carbon dioxide. Its normal tension ranges between 40 and 50 mm of mercury. When it rises above this level it stimulates sensors in the brain and carotid vessels sparking an irrepressible desire to breathe. Now what hyperventilation does is to lower the carbon dioxide tension in the body without importantly changing the oxygen stores. It also causes a reduction in the amount of circulating carbon dioxide (which, with water, provides carbonic acid, the important acid component of our body fluid). The result is a condition of respiratory alkalosis brought about by carbon dioxide deficit. Respiratory alkalosis interferes with nerve conduction and causes symptoms of hyperventilation, numbness and tingling, especially about the mouth and of the hands and feet. In addition, the low pressure of carbon dioxide causes constriction of the blood vessels that supply the brain.

So our swimmer, having enthusiastically hyperventilated, submerges with a reduced carbon dioxide tension (depending upon how long and how vigorously he has hyperventilated) and with constricted cerebral blood vessels. As he vigorously swims underwater, the tiny quantities of oxygen stored in the blood become exhausted. And they become exhausted before the carbon dioxide tension can rise enough to stimulate an irrepressible urge to breathe. Deprived of oxygen, the swimmer becomes unconscious, hence cannot respond to the rise in carbon dioxide that will occur with time. Instead, usually while continuing his swimming movements, he starts breathing and, unless he is promptly rescued and resuscitated, he will aspirate water and will drown.

Some Live to Tell About It

Reports of individuals who suffered loss of consciousness while swimming underwater and did not drown are instructive. These are reported by Craig in *JAMA*, April 29, 1961. An excellent swimmer, age 27, hyperventilated for two minutes before swimming underwater. Endeavoring to swim 200 feet he remembered passing a pool ladder 40 feet from the end. When he reached the end of the pool he surfaced and regained consciousness but remembered nothing after passing the ladder.

Another good swimmer, 18 years old, hyperventilated for one minute before swimming underwater. He swam two laps then felt a need for breath. But, reminding himself of the goal he had established, he managed to suppress the urge to breathe. He forgot everything for the third lap. When he surfaced, he coughed and gasped but did not lift his head above the surface. A nearby swimmer, who had been watching the swim, immediately raised the boy's head above the water and he regained consciousness in two or three breaths.

Another boy hyperventilated for two minutes. Underwater he felt he could swim forever, but when partly through his swim he blacked out. When he came to, he was on the surface of the water. Dizzy and exhausted, he swam for shore. He managed to stagger out but had a headache for the next hour, could remember no decision to surface.

A 14-year-old hyperventilated for "quite a long time" until he felt dizziness and tingling of the hands and feet. Then he dived into the water and swam several feet beneath the surface for three laps of the 60-foot pool. He blacked out as he touched the wall but took several strokes of the fourth lap before he began to sink. An observer pulled him to the edge of the pool where he regained consciousness but recalled only the first three laps.

An 18-year-old boy hyperventilated in an effort to swim 120 feet. He noticed the urge to breathe during the middle of the second 60 feet but managed to go on. "Things turned tan." He next remembered lying on the edge of the pool with someone pushing on his back.

A 17-year-old took 10 or 12 "very deep breaths," swam 75 feet and was starting a second lap when about halfway back his mind "went blank." Spectators said he continued to swim and appeared to surface after about 160 feet. He then began to sink and was pulled out immediately. Artificial respiration for two or three minutes was necessary to revive him.

Students were asked to swim one length of a 75-foot pool at the conclusion of a lifesaving class. One man had a "wonderful feeling that I could go, go, go." And while the rest of the class emerged after one lap, he made a turn and started to swim another lap. The instructor reached over the edge of the pool with his foot and pushed the swimmer on the back, at which he climbed out but did not seem to know where he was. He later said that he did not recall starting the second lap or climbing out of pool. He had hyperventilated before beginning his swim.

A medical student working as a lifeguard at a large outdoor pool hyperventilated before swimming underwater. He was found on the bottom after he had gone about 120 feet. Taken from the water, he was flaccid and cyanotic. Five to seven minutes of artificial respiration were required to bring him around.

Other cases are reported by Strauss in *Emergency Medicine*, July 1971. A 16-year-old trying to set a new record for himself for underwater swimming hyperventilated for five minutes. His mouth and fingertips became numb. He passed the 50-yard mark with no recollection of air hunger. He noticed a spreading numbness of his arms and legs. At the 60-yard mark he touched the wall and sank. Brought to the surface, he coughed violently,

vomited, then regained consciousness.

A 27-year-old, inactive man, tried to hold his breath for a new record while floating face down. He hyperventilated vigorously for 10 minutes until he was totally numb from head to foot. After three minutes he appeared to go limp. Carried from the water, he was rigid and cyanotic. He was not breathing. When his mouth was forced open and the airway cleared, he began to breathe and regained consciousness.

Case Reports of Drownings

The preceding were the fortunate individuals. Case reports describe others who died. While evidence concerning deaths from swimming underwater following hyperventilation must perhaps be regarded as circumstantial, since post mortem examinations cannot reveal with certainty the true cause of death, the conclusion is reasonably justified that the deaths occurred from blackout underwater caused by hyperventilation plus vigorous swimming.

These reports are from Craig, *JAMA*, April 29, 1961: A young college swimmer desired to swim 150 feet underwater. He swam for some time before he attempted the underwater swim. Suddenly the lifeguard saw the individual on the bottom at the deep end of the pool. He could not have been there more than a minute. Brought from the pool, the young man was immediately given artificial respiration, followed by mouth-to-mouth breathing, but the instructor was unable to move any air. A machine resuscitator was no more successful. Autopsy revealed the lungs to be full of water.

A 21-year-old swimming instructor hyperventilated then swam 120 feet underwater when one of the students noticed he was in trouble. Pulled out immediately, members of a fire department used a resuscitator on him. Two physicians were summoned from nearby but their efforts were unavailing. The individual died. No autopsy was performed.

Quite interestingly, many writers who have not cited specific cases allude to persons who have died from hyperventilation before swimming underwater. Gray, in the *Medical Journal of Australia*, Oct. 16, 1966, emphasizes that the "still very common practice of hyperventilation to increase underwater endurance is dangerous and has caused many deaths."

Webster, in *Public Health Reports*, July 1967, points out that "swimming underwater for endurance, with the accompanying danger of hyperventilation, accounted for six deaths; revival of these victims was not possible even though the accidents in most instances were witnessed and the victims were quickly brought out of the water for application of first aid."

A recent newspaper report, which stimulated the writing of this article, described the case of an outstanding swimmer who drowned in a closely supervised pool, among friends, while swimming underwater. Having just finished a number of sprint laps, he took several deep breaths and started swimming underwater. His body was seen just after that, motionless in the shallow end of the pool. Autopsy findings showed no possible alternative cause of death other than blackout following hyperventilation.

Comment

The tiny number of documented case histories of death following underwater swimming after voluntary hyperventilation is dangerously deceiving. It should probably be multiplied by thousands, perhaps tens of thousands, to approach an accurate figure and thus duly reflect the inherent hazards.

Almost all of the recorded victims of drowning or near drowning were reputedly good swimmers, experienced in underwater swimming. The "hyperventilation-before-swimming-underwater" syndrome, therefore, may well explain many, if not most, of the deaths by drowning of experienced swimmers.

A Common Practice

Both authors, when unaware of the hazards, engaged in hyperventilation before swimming underwater and, incidentally, have been duly impressed with the distances they swam. The procedure seemed so innocuous that the possibility of danger never even occurred. It is not surprising, then, that such hyperventilating is a common practice among persons attempting endurance swimming underwater.

The senior author has repeatedly quizzed nursing students, the question being: "How many of you have breathed deeply and rapidly in order to swim farther underwater?" About 40% of the students in southern Indiana responded affirmatively, about 60% in Michigan, which abounds in lakes and hence in swimming opportunities.

The Goad of Competition

Another factor is strongly involved in deaths from swimming underwater after hyperventilating and that is the competitive urge. Persons who are driven toward a goal, whether they are competing with themselves or others, will fight desperately to overcome the urge to breathe when the signal first intrudes on their consciousness. Craig adds that "preoccupation with a goal may also affect how the subject will sense and interpret his physiologic warning bell telling him to come up for air." This signal, of course, is the rising level of carbon dioxide in the blood. And if the swimmer is successful in suppressing the urge to breathe, oxygen deprivation of the brain takes over and the individual blacks out.

Some persons appear to be particularly sensitive to hyperventilation and perhaps more prone to shallow water blackout. Another factor that frequently enters in is overexertion. Strenuous exercise appears to increase one's tolerance of lowered car-

bon dioxide tension. This, of course, enhances the probability of cerebral hypoxia; the most dreadful aspect of hypoxia is that consciousness is lost with little warning. When one faints he has several seconds warning. But hypoxic subjects, swimming underwater, may continue their swimming activity in the period between loss of consciousness and final collapse. Indeed, after blackout occurs, many swimmers continue to make coordinated movements, one even executed a turn on to the next lap beyond the point that he recalled. Therefore, even if the victims are fortunate enough to have spectators, the latter will probably not suspect that a problem exists until final collapse occurs.

Effects of Hyperventilation

The physiologic effects experienced by swimmers in shallow water blackout closely resemble the reactions noted when a person breathes deeply and rapidly out of water. Some question whether one can render himself unconscious in this manner. But such unconsciousness has been reported and, in fact, a medical student died because of hyperventilation carried out in a physiological experiment.

Persons lowly placed on the rungs of society have a way of discovering such basic truths. Several centuries ago, seamen performing under the savage punishment codes of the English Navy, sentenced to flogging until unconsciousness should supervene, discovered that by breathing deeply and rapidly before the flogging they would become unconscious sooner. Similarly, convicts desiring to end an intolerable existence have reportedly hyperventilated then submerged their heads in the toilet bowls in their cells, taking the precaution of propping their bodies, and thereby committing suicide in a relatively painless manner.

Specifically, the symptoms of hyperventilation include tremors, lightheadedness, double vision, vertigo, epileptic-like seizures, coldness of the arms and legs, irritability, decreased ability to concentrate, diuresis, hunger, and EEG changes. Likewise, the systemic effect of hyperventilation are significant: low blood pressure, constriction of the blood vessels of the brain, decreased brain blood flow, vasoconstriction of the peripheral vessels and certain EKG abnormalities that are consistent with hypoxia.

Treatment

Unfortunately little can be said for immediate treatment of persons apparently drowned after swimming underwater following hyperventilation. Indeed, they seem to be singularly resistant to resuscitation, probably because the immediate stimulus for their drowning was hypoxia. As Wong and Grace point out in *JAMA*, Nov. 16, 1963, survivors of near drowning should be hospitalized and given prolonged intermittent positive pressure breathing with 100% oxygen. Immediate efforts should be made to correct the serious blood volume and electrolyte derangements that occur. Still, prevention is ever so much better than treatment, and prevention consists quite simply of advising coaches, teachers, students and swimmers of the deadly hazard of hyperventilation before swimming underwater.

Conversations with experienced swimmers, coaches and experts in the field of athletics reveal that many instructors still advocate deep breathing techniques. Obviously, those versed in the details of physiology caution against this hazardous practice even though, admittedly, the hazard is a matter of degree. Craig, in *JAMA*, April 29, 1961, points out that taking a few deep breaths before diving in and swimming underwater is not likely to cause difficulty. In a series of studies, approximately 3,000 children swam underwater after taking just a few deep breaths before any incidents of loss of consciousness occurred. So underwater swimming is probably quite safe in the absence of prolonged hyperventilation. It is extreme hyperventilation that counteracts the built-in warnings that urge the swimmer to come to the surface, permitting him to proceed to his doom without any real desire to breathe.

Considering, however, the varying susceptibilities of different individuals to the effects of excessive breathing practices, and in view of the diverse interpretations of "just a few deep breaths," perhaps the practice of hyperventilating before swimming underwater should be discarded entirely.

It must also be borne in mind that hyperventilation can result from vigorous exercise and, therefore, the individual should be cautioned against swimming underwater if he has recently swum vigorously on the surface of the water.

Divers Have Breathing Technique

Korean women who dive for a livelihood, known as ama, indulge in light hyperventilation prior to diving. "Before each dive, they hyperventilate, pursing their lips and in many loud whistles that can be heard for long distances." Upon emergence they repeat this maneuver which they claim "protects their lungs." Perhaps the ama have learned over the centuries that hyperventilation helps but that it must be exceedingly mild if they are to stay out of danger. Perhaps through age old custom they have perfected a technique of getting ready for diving that limits the blowing off of carbon dioxide to a safe level. But until one learns the secret of the ama, the practice of hyperventilation should be avoided.

Conclusion

Overbreathing before preparing to swim underwater is an obvious cause of needless death in healthy, vigorous, usually competent, swimmers.

Individuals should be informed of the hazards of this practice and of the basic physiologic concepts involved.

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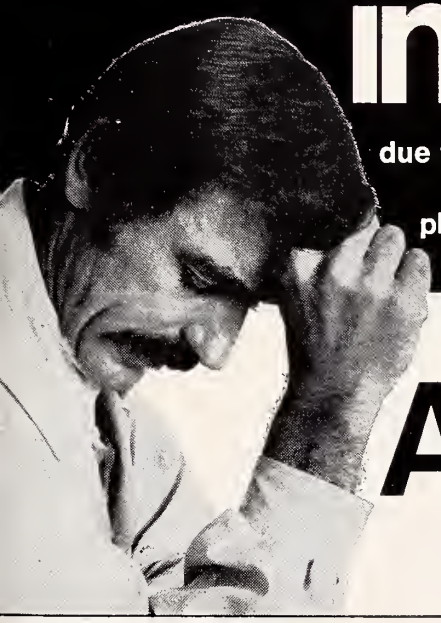
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Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. Montesano, P., and Evangelista, I. Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. **2. Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. **3. Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. **4. Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. **5. Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. **6. Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. **7. Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Interactions at Adrenergic Nerve Endings

O. LeROY SALERNI, Ph.D.
*Indianapolis**

RECENTLY there has been a wave of research interest in drugs which may affect either the storage or uptake of norepinephrine from adrenergic nerves. Knowledge gained from such scholarly exercises has provided a rational basis for understanding drug interactions at postganglionic sympathetic nerve endings.

The most important mechanism for termination of the effects of norepinephrine released upon stimulation of adrenergic nerves is its reuptake into the nerve endings. Any drug that can act to inhibit or retard the uptake of norepinephrine can theoretically, at least, produce an exaggeration of the effects of the neurotransmitter. Such drugs include cocaine, the tricyclic stimulants [imipramine (Tofranil), nortriptyline (Aventyl), protriptyline (Vivactil) and desipramine (Norpramin)], chlorpromazine, anorexiants and adrenergic drugs. See Table 1. The latter are structurally related to norepinephrine and successfully compete with norepinephrine for uptake sites.

Interactions can occur between drugs that produce a diminution of norepinephrine uptake and monoamine oxidase inhibitors [isocarboxazid (Marplan), nialamide (Niamid), phenelzine (Nardil), tranylcypromine (Parnate) and pargyline (Eutonyl)].

Monoamine oxidase functions to degrade catecholamines. When the enzyme is inhibited, elevated levels of norepinephrine are produced. Therefore, in the presence of agents that retard the reuptake of norepinephrine, monoamine oxidase inhibitors can yield heightened responses. For example, if amphetamine is administered concurrently to a patient with monoamine oxidase inhibitors, he may experience severe headache, cardiac arrhythmias and hypertensive crisis. Incompatibilities of this type are well known. One report has described convulsions and body temperature of 109.4 F in a patient which occurred as a result of use of tranylcypromine and Dexamyl.

Hypertensive crisis may also be precipitated by concomitant use of monoamine oxidase inhibitors and certain foods having a high tyramine content (cheese, yeast extracts, broad beans, pickled herring, chicken livers,

Table 1

Effect of Adrenergics on Uptake of Norepinephrine

	DRUG	ID50*
(−)	Metaraminol	7.6×10^{-8}
(+)	Amphetamine	1.8×10^{-7}
(±)	Hydroxyamphetamine (Paradrine)	1.8×10^{-7}
(±)	Amphetamine	4.6×10^{-7}
(±)	Nylidrin (Arlidin)	8.5×10^{-7}
	Mephenteramine (Wyamine)	1.0×10^{-6}
	Phenethylamine	1.1×10^{-6}
	Cyclopentamine (Clopane)	1.4×10^{-6}
(±)	Phenylpropanolamine (Propadrine)	2.0×10^{-6}
(−)	Phenylephrine (Neosynephrine)	5.6×10^{-6}

*ID50 = drug concentration producing 50% inhibition of norepinephrine uptake in the rat heart
(−) = levorotatory
(+) = dextrorotatory

* Associate Professor of Medicinal Chemistry, Butler University, Indianapolis 46208.

Readers may request essays on specific drugs. The Butler College of Pharmacy faculty members will be glad to respond. Address the request to: *The Journal*, 3935 N. Meridian St., Indianapolis 46208.

Table 2

Tyramine Content of Cheese, Fish, Yeast and Drink

	ug/g
Cheeses	
New York Cheddar	1400
Canadian (old center cut) Cheddar	1530
Canadian (fresh) Cheddar	120
New Zealand Cheddar	590
Australian Cheddar	226
Processed, Pasteurized Cheddar	26
Kraft Cracker Barrel	214
Boursault	1165
Parmesan	65
Stilton	2170
Camembert	90
Danish Blue	256
Cream, Cottage, Wensleydale, Cheshire	Nil
Yeast Extract	
English breads, including Marmite	1500-2250
Canadian	60-80
Salted dry fish	
Canadian herring	470
Canadian cod	nil
Alcoholic drinks	
Chianti	2-26
Sherry	4
Riesling	0.6
Sauterne	0.4
Port	nil
Beer	3-11

chocolate and alcoholic beverages). See Table 2. Tyramine is another substrate for monoamine oxidase. When the enzyme is inhibited, tyramine accumulates and proceeds to octopamine (Norsynephrine) via an alternate metabolic pathway. Octopamine (a false transmitter) releases norepinephrine from storage sites within the adrenergic nerve.

Reserpine acts to prevent the storage of norepinephrine within the granules of the adrenergic nerve terminal; consequently, there is a decreased amount of norepinephrine available for release when the nerve is stimulated. As a result, norepinephrine leaks into the cytoplasm of the axon and is destroyed by monoamine oxidase. If monoamine oxidase is inhibited, the norepinephrine freed from the granules by reserpine is no longer destroyed and remains largely unchanged. This increase in free norepinephrine gives rise to effects that are not normally associated with reserpine treatment. the "reserpine reversal."

The introduction of guanethidine made possible the effective treatment of hypertension with an adrenergic neuronal blocking agent. Guanethidine apparently acts by several mechanisms; first, it produces blockade of the nerve impulse which triggers the release of norepinephrine; and, second, it accumulates in storage sites usually occupied by norepinephrine and thereby causes a decrease in the available amount of norepinephrine.

Amphetamines prevent the uptake of guanethidine into the storage sites of adrenergic nerves. This may explain why guanethidine was ineffective in lowering the blood pressure of overweight, hypertensive patients who were taking amphetamines to curb the appetite. The tricyclic antidepressants also are known to antagonize the antihypertensive effects of guanethidine by a mechanism similar to the amphetamines. ◄

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From *The Journal* 50 Years Ago

The etiology of ostitis fibrosa is entirely obscure. Only a brief summary will be given of the various explanations offered. Many regard it as the result of some injurious agent or irritation. The statement is occasionally found, both in English and in German literature, that if the bone marrow is analogous to a parenchymatous organ such as the liver, ostitis fibrosa might be compared to cirrhosis. This analogy is not perfect since cirrhosis is general throughout the organ and there remain recognizable liver cells between the strands of fibrous tissue, while in ostitis fibrosa the condition is local, and where perfectly formed there are no recognizable remnants of marrow substance. Furthermore, ostitis fibrosa does not confine itself to the marrow spaces of the bone but invades the dense bony shell, causing separation, absorption and rarefaction of the lamellae. Bloodgood describes the fibrous tissue as inflammatory in nature, and the term ostitis fibrosa itself implies inflammation of bone with fibrous proliferation, but no one as yet has presented evidence as to the character of the injurious agent or irritation which calls forth this proliferation of fibrous tissue. . . .

Ostitis fibrosa is often indexed among tumors, which is probably as much for the sake of convenience as it is for definite evidence of neoplastic character. —Virgil H. Moon, M.D., Indianapolis, "Ostitis Fibrosa Cystica," *JISMA*, June 1922.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—April 1972

Disease	Apr. 1972	Mar. 1972	Feb. 1972	Apr. 1971	Apr. 1970
Animal Bites	859	855	464	1291	787
Chickenpox	731	1047	586	605	459
Conjunctivitis	168	230	218	215	153
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	82	83	35	33	0
Gonorrhea	680	679	516	559	658
Impetigo	100	146	170	81	85
Infectious Hepatitis	41	62	46	59	49
Infectious Mononucleosis	131	162	108	99	71
Influenza	1164	4068	23471	2033	1244
Measles					
Rubeola	180	181	222	704	54
Rubella	83	147	104	315	442
Meningococcic Meningitis	0	4	5	4	2
Meningitis, Other	3	1	2	8	5
Mumps	153	193	188	1123	314
Pertussis (Whooping Cough)	12	7	7	14	4
Pneumonia	306	584	833	445	390
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	945	1630	1620	1016	861
Syphilis					
Primary & Secondary	28	19	15	31	40
All Other Syphilis	71	87	58	126	108
Tinea Captitis	2	5	3	2	5
Tuberculosis (Active)	70	73	44	68	112



PROTEIN CONTENT / 1 Cup Prepared Soup*

Bean with Bacon	7.7	Green Pea	7.8
Beef	9.1	Hot Dog Bean	8.6
Chicken Broth	8.4	Oyster Stew	6.0
Chicken 'N Dumplings	6.6	Pepper Pot	6.9
Chili Beef	7.0	Split Pea with Ham	11.6
Consomme	5.6	Vegetable Beef	5.7

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the 3 phases of Eve



All women are not equal in their endogenous hormonal output. And, while all oral contraceptives are fundamentally effective, they exhibit **differences in their activity levels and estrogen-progestogen ratios that affect different women differently**—in both short and long-term use. Some brands may be insufficient for the woman's needs or else may exceed them.

Searle offers a family of O.C. products that covers the range of women's needs to help you provide the right pill for the right woman at the right time.

References: **1.** Editorial: Oral Contraceptives: Which Pill for Which Patient? Patient Care *3*:90-115 (Feb.) 1969 and *4*:135-145 (June 15) 1970. **2.** Greenblatt, R. B. Progestational Agents in Clinical Practice, Med. Sci. *18*:37-49 (May) 1967. **3.** Kistner, R. W: Gynecology: Principles and Practice, ed. 2, Chicago, Year Book Medical Publishers, 1971. **4.** Kistner, R. W: The Pill: Facts and Fallacies About Today's Oral Contraceptives, New York, Delacorte Press, 1968. **5.** Nelson, J. H.: Clinical Evaluation of Side Effects of Current Oral Contraceptives, J. Reprod. Med. *6*:50-55 (Feb.) 1971. **6.** Orr, G. W: Oral Progestational Agents: Therapy and Complications, S. Dakota J. Med. *22*:11-17 (Jan.) 1969.

the Ovulen phase

Most women* with a **balanced hormone profile and normal menses** do best on a middle-of-the-road pill that is neither estrogen dominant nor strongly progestogen dominant.

(*Typical clues—normal body build and breasts, feminine appearance, healthy skin and hair. Vaginal cytology slide—balanced "pink and blue.")

Some women having problems on other O.C.s might do well on Ovulen.

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For brief summary of prescribing information, see following page.



the Demulen phase

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(*Typical clues—shorter, plumper, full-breasted, with glowing skin and no wrinkles. Vaginal cytology slide "pink.")

Some women with special conditions that may be aggravated by higher estrogen-activity products may do better on this ratio.

Demulen combines minimal estrogenic activity with a moderate ratio of progestogen overbalance. It is particularly well suited to the young when low-dose (activity) is preferred. Demulen offers little risk of the most potent progestogen side effects; early breakthrough bleeding is often transient.

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Both Ovulen and Demulen are available in 21- and 28-pill schedules.

the Enovid-E phase

Some women* who secrete **less estrogen** than most do best on a pill with a moderate estrogen overbalance.

(*Typical clues—oily complexion, acne, hirsutism, masculinity, flat chest. Vaginal cytology slide—"blue.")

Patients with estrogen deficiency may show:

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early-cycle bleeding
scanty menses
intermittent depression
increased appetite
steady weight gain
vaginal candidiasis

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Oral contraceptives are complex medications and, after reference to the prescribing information, should be prescribed with discriminating care.

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Each white tablet contains:
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Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen or Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen or Demulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen or Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral Contraception and Thrombo-Embolic Disease, J. Coll. Gen. Pract. *13*:267-279 (May) 1967. **2.** Inman, W. H. W., and Vessey, M. P.: Investigation of Deaths from Pulmonary, Coronary, and Cerebral Thrombosis and Embolism in Women of Child-Bearing Age, Brit. Med. J. *2*:193-199 (April 27) 1968. **3.** Vessey, M. P., and Doll, R.: Investigation of Relation Between Use of Oral Contraceptives and Thromboembolic Disease. A Further Report, Brit. Med. J. *2*:651-657 (June 14) 1969. **4.** Sartwell, P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thromboembolism and Oral Contraceptives: An Epidemiologic Case-Control Study, Amer. J. Epidem. *90*:365-380 (Nov.) 1969.

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Indication—Enovid-E is indicated for oral contraception.

The *Special Note, Contraindications, Warnings, Precautions* and *Adverse Reactions* listed above for Ovulen and Demulen are applicable to Enovid-E and should be observed when prescribing Enovid-E.

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Where "The Pill" Began

Successful Treatment of a Heroin Addict with Propranolol: Implications for Opiate Addiction Treatment and Research

HANUS J. GROSZ, M.D.
*Indianapolis**

THE present paper is a preliminary report on the successful use of propranolol in the treatment of a refractory case of heroin addiction. Experience with propranolol in this case, and in other cases of heroin addiction to be discussed elsewhere, leads me to believe that propranolol promises to be a safe, nonaddicting and highly effective agent for the treatment of addiction to opiate drugs. It also promises to open up new productive avenues of approach in research and in our conceptual understanding of the biologic substrates of narcotic addiction.

Case Report

History

The patient is a 27-year-old white married salesman who came to see me accompanied by his wife on October 29, 1971, with the complaint that he was suffering from heroin addiction. He felt nervous, tense and depressed. He could not sleep and considered himself too sick to go to work. He had been administering heroin to himself intravenously since the summer of 1970. Except for a period of one week when he was hospitalized, and for a short period after that, he had been taking heroin every day. At the time of his first visit he was taking up to six "buttons" of heroin daily—a habit that cost him $60 each day. His wife was to the point of leaving him. He had come to spend very little time at home with her and their baby and, when at home, he was sullen, uncommunicative, restless, irritable and inclined to cheat and lie.

The patient was at the end of his wits. He was tired of his continuous struggle to keep up with his drug habit. He feared his wife would leave him. Moreover, his father, a fairly prosperous businessman who had supported and helped him ever since he quit high school in his senior year, now broke off all formal connections with him and made him seek a job elsewhere.

The patient's heroin habit started when his wife became pregnant and worsened significantly after the birth of their child. The patient and his wife had known one another since they were children. He was the only boy in a family of five, thoroughly spoiled and used to getting what he wanted. When the couple married, they were both young in years and emotionally immature. The patient expected to live very much as he did when he was single. He certainly had no intention of starting a family. His wife was to work and to bring in enough money to help support a style of living to which he was accustomed at home. When his wife became pregnant, he became scared, worried and apprehensive.

His anxiety became even more severe when their child was born and his wife had to quit her job to look after the baby. Always excessively worried about money and meeting obligations, he now found not only that their income was cut by half but also that he was faced with additional responsibilities which he was unwilling to shoulder and for which he was, at any rate, quite unprepared. He responded by becoming irritable, angry, resentful, morose and withdrawn. He stopped talking to his wife, began avoiding her, and soon stayed out of the house altogether. In doing so, he also dropped their old friends and started to associate with a new set of people. By then he was ready to let heroin relieve his mind of all his worries and anxieties.

When he took to using heroin he found that heroin calmed him down, eased his apprehensions, made him feel more secure and self-confident, numbed his guilt feelings and checked his panics and sense of evil foreboding. However, he soon found that, while heroin relieved his emotional distress, he became unable to interrupt the use of heroin without experiencing most unpleasant symptoms. The onset of these symptoms could only be prevented by taking heroin. His heroin habit was thus, positively reinforced in two ways: by the effect which using heroin had

* From the Institute of Psychiatric Research, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 46202.

in reducing his anxiety and tension, and by the effect which using heroin had on preventing the onset of the sickness caused by heroin abstinence.

Paradoxically, the feelings of anxiety and the sense of insecurity and inadequacy which he found he could so effectively subdue with heroin were further intensified in a number of ways by the very consequences of his drug use. For example, he realized that as he lost control over his drug habit he also lost control over his way of life. With increasing anxiety he recognized that his heroin habit came to dictate how he lived, with whom he associated, what he told his wife, parents, relatives and friends. He also became aware that it made him more and more guarded, suspicious and deceitful. Also, the use of heroin could not suppress the anxiety and sense of insecurity produced by the increasing economic hardship that he imposed on himself by his drug habit. One by one, he started to sell his once fastidiously acquired and proudly owned possessions. In short order he disposed of his expensive jackets, tape recorder—even his tool box. He sought money whenever, from whomever, and by whatever means he could. But it never seemed to be enough or to last long enough. The impoverishment which he so much feared came true. And, not least, his anxiety became intensified as his dependence on his wife became threatened by her unwillingness to endure any longer the way of life which his heroin habit imposed upon her and their child. Even as he completely withdrew from his wife he now came to depend on her more than ever. The very idea that she might leave him made him feel completely alone and abandoned.

His first opportunity to obtain professional help came six months after he started taking heroin, when his father found out about his drug habit and took him for treatment to their family physician. When various analgesic medications, including demerol, failed to control either the patient's nervous symptoms or his drug habit, the family physician referred the patient to a psychiatrist. The psychiatrist placed him on chlordiazepoxide 25 mg three times a day. This medication helped him to relax and to sleep at night but it did nothing to alleviate the intense desire for heroin.

He continued to use heroin until the summer of 1971 when he was admitted to a heroin treatment clinic and then to a local hospital. There he was withdrawn from heroin with the aid of methadone. However, within 10 days after his discharge from the hospital he was back at his drug habit. In October he was referred to me for treatment from another addiction treatment unit. Their waiting list made it impossible for him to obtain early treatment.

Because most details of the patient's family and personal background are not particularly relevant in this context, suffice it to say that there was no family history of mental illness and that the patient was in good general health. Psychiatrically, apart from his heroin addiction, he could be described as immature, dependent, and suffering from an anxiety neurosis with depressive features.

Treatment

10-29-71 Office visit: Patient accompanied by wife. Patient very anxious and tense but quite candid and apparently well motivated. Suffering from mild heroin withdrawal symptoms. Last intravenous injection of two "buttons" of heroin over 12 hours ago. Prescribed methadone. Wife to look after the methadone, to keep it hidden from the patient and only to administer the methadone as prescribed. Tablets are to be broken up and given with orange juice. Wife instructed that patient must never have methadone in his possession and that he must always take it in his wife's presence and under her direct supervision. Course of treatment: methadone 40 mg a day for the first five days; then methadone 30 mg a day for the following four days; and then methadone 20 mg a day for the last three days.

11-10-71 Office visit: Patient accompanied by wife. Patient complains of feeling nervous and also nauseated. Much difficulty in sleeping. Some heroin withdrawal symptoms still present. Prescribed additional methadone. Wife instructed to administer methadone 15 mg a day for three days. Also prescribed diphenhydramine 25 mg nocte.

12-1-71 Informed by phone call that patient back on heroin.

1-21-72 Office visit: Patient accompanied by wife. Patient continues to take heroin. Now on seven "buttons" of heroin a day. Venous "tracks" on forearm show recent inflammatory and thrombotic changes. Wife left patient in December after he relapsed. Now again together but wife quite angry; says, "You just get disgusted after a while." Patient appears tense, tired and withdrawn. Is willing to do anything to "kick the habit." Second attempt at methadone-supported heroin withdrawal. Methadone prescribed. Wife instructed as before how to administer the methadone on the 12

day schedule. Added Triavil 2-25 (perphenazine 2 mg and amitriptyline 25 mg) three times a day and doxepin 25 mg nocte.

2-7-72 Informed over the phone that patient back on heroin.

2-21-72 Office visit: Patient accompanied by his wife. Patient taking heroin regularly for past two weeks. Gets very nervous and is overwhelmed by urge to take it. Wife says he is weak. Patient feels quite depressed and dejected. Appears even more tense. Couple informed that, if patient wants to be maintained on methadone, he will need to go into our local methadone maintenance program. Patient does not wish to be maintained on methadone. Says he is determined to get off drugs. Third attempt made to withdraw him on methadone. As he has cut down heroin usage to two "buttons" a day, attempt is made to withdraw him on methadone 10 mg a day for six days. Other medication prescribed on 1-21-72 to be continued.

3-7-72 Office visit: Patient accompanied by wife. Patient not taking heroin but very tense and anxious. Expresses fear that he will go back on heroin. Urge to take it is quite overwhelming. Has now increasingly severe anxiety and panic attacks with palpitations. Attacks came on after he stopped taking methadone. Had similar anxiety attacks with strong hunger for heroin after he was withdrawn from heroin in the hospital. Prescribed, and wife instructed to administer, propranolol 10 mg before meals three times a day and at night.

3-13-72 Office visit: Patient accompanied by wife. Patient less nervous and sleeping better. No panics or nervous feelings. Has been taking propranolol with good effect except for occasional feelings of lightheadedness if he does not eat. Admits to taking heroin: "I still have a little bit of a habit. I tried to kick cold turkey but I could not do it. I am shooting two to three 'buttons' a day." They seem to alleviate the heroin withdrawal symptoms. But now observed a striking change in response to heroin. Since he has been taking propranolol, he finds that the injection of heroin elicits absolutely no immediate reaction: "There is no rush, no rewarding and no relaxed feeling. It is like shooting water. The heroin still raises your sickness; and it still makes the chills go away. But you shoot and you don't feel it. It lifts the sickness slow. With your medicine, when you shoot there is nothing to enjoy." With propranolol, patient feels sure he could stay off heroin.

Because of these developments, a fourth and final attempt was made to withdraw him from heroin with methadone. It was felt that propranolol was ineffective in controlling the heroin withdrawal symptoms but that it may, once he successfully withdraws from heroin, cut down the hunger for the narcotic. It was also felt that on propranolol the taking of heroin would be an unrewarding experience. Methadone prescribed and patient's wife again instructed how to administer it using the 12-day schedule as before. All other medications apart from the propranolol were discontinued.

3-22-72 Phone call: Patient reports that he had stopped taking methadone two days ago. Takes propranolol regularly. Reports that he has no craving for heroin: "I just have no desire for it; no want for it whatever. This is not like I was when I was off methadone before. And I don't have this nervous feeling." Patient's wife reports that their relationship has improved. Couple informed that it will be necessary for the patient to have regular urine tests for the presence of narcotics.

4-21-72 Phone call: Patient reports that he is not taking any heroin. Has no craving for it. Decided to stop taking propranolol.

Discussion

Drug abuse and drug addiction have reached pandemic proportions. In a recent review[1] of the drug abuse problem it is stated that statisticians at the Federal Bureau of Narcotics and Dangerous Drugs estimate that there are about 650,000 heroin addicts in the nation. To maintain their habit, they are believed to steal $1 to $2 billion a year. Yet, despite concerted efforts on the part of many federal, state and local agencies, the illicit use of heroin is still on the rise.

This year, the government has earmarked $75 million for research "to create, develop, and test (1) nonaddictive synthetic analgesics to replace opium and its derivatives in medical use; (2) longer-lasting, nonaddicting blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and (3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction."[2]

Narcotic antagonists were introduced into the treatment of heroin addiction in 1965. Methadone, the most widely used heroin antagonist, was found to block the effects of heroin when administered in high doses. This property is the basis for the current methadone maintenance treatment for compulsive heroin users.[3] However, methadone has marked structural and pharmacologic similarities to morphine and morphine-like drugs. Its use for more than a few weeks leads both to the development of addiction to methadone and to the development of heroin-like withdrawal symptoms. For this reason it is not a good maintenance agent. This does not detract from the great usefulness of methadone in the acute treatment of morphine-type dependence by the withdrawal method.[4]

The use of narcotic antagonists in the treatment of heroin addiction was the subject of a symposium in June 1970.[5] The antagonists that were reviewed were nalorphine, cyclazocine and naloxone. For different reasons. none was entirely satisfactory as a maintenance agent. Research progress in this area since then has been the subject of a report issued in March 1972 by the Pharmaceutical Manufacturers Association's Special Task Force on Drug Abuse.[6] The answer to the problem has evidently not yet been found.

The difficulties are summarized by a science reporter as follows: "The essential problem is that the screening of existing compounds for antagonist potential is both tedious and expensive. The ideal way to find a heroin antagonist . . . would be to design one chemically. But first scientists would have to understand how narcotics act at the physiological and biochemical levels. All they know now is that narcotics somehow affect the central nervous system."[6]

The heroin-addicted patient described in the present case study responded dramatically to premedication with propranolol. He reported that the administered propranolol blocked the immediate rewarding and euphoric effects that he usually obtained from intravenously injected heroin, that it prevented the subsequent development of "nodding," and, also, that it prevented the recurrence of heroin hunger after he was withdrawn from methadone. It also reduced his symptoms of anxiety. However, it did not relieve him of his heroin abstinence symptoms. These finding were unexpected and greatly surprised him. They have since been confirmed independently by other heroin addicts. All reported that administration of propranolol 10 mg by mouth effectively blocked the rewarding effects of heroin. In the beginning most heroin addicts found this surprising. They did not attribute this effect to the medication but blamed the quantity or the quality of the heroin they had used for this result. Some were frankly angry for having wasted their money. When further trials convinced them that the effect was produced by the propranolol, they all thought it would be of great help in the treatment of heroin addiction. This will be discussed in greater detail elsewhere.

Currently, propranolol is a powerful nonaddicting adrenergic blocking agent which has a well-established place in the treatment of cardiac arrhythmia. The possible use of propranolol as an effective antagonist to morphine and morphine-like drugs has not heretofore been reported.

In modifying the action of heroin, propranolol may exert its effect on the central nervous system either directly or indirectly. Although administered propranolol is known to accumulate in the brain in significant concentrations, the question of whether propranolol does, in fact, have a direct effect on the brain is as yet unanswered. However, if we can assume (1) that propranolol is indeed found in a controlled clinical trial to block the euphoric effects of heroin and of other morphine and morphine-like substances, as I am here reporting; (2) that this effect is not brought about primarily by any actions which propranolol may exert peripherally; and (3) that propranolol acts specifically by blocking endogenous beta-adrenergic sympathetic activity, then the reported findings could indicate that it is the adrenergic centers or pathways in the central nervous system which most directly and intimately mediate the addictive, rewarding and euphoric effects of narcotic agents.

Should the above observations be confirmed, the findings here reported may have significant implications concerning our conceptual understanding of the biological systems involved in the development and perpetuation of narcotic addiction. They would also offer rational alternatives and guidelines in the search for specific, nonaddicting opiate-blocking agents.

Summary

A case study is reported in which the administration of small doses of propranolol to a heroin addict was found to effectively block the immediate and delayed rewarding. euphoric effects of intravenously self-injected heroin. The administered propranolol is also said to have prevented the onset of hunger for heroin after the patient was withdrawn from heroin with methadone. It did not seem to relieve any of the acute heroin abstinence symptoms. All the above results have been confirmed

in all other heroin addicts tested.

It is proposed that propranolol may be an effective, nonaddicting opiate blocking agent which may be useful in the treatment of heroin and other opiate-type addiction.

If confirmed, the findings indicate that adrenergic centers or pathways in the central nervous system mediate or are in some significant way directly involved in the rewarding, euphoric and addictive effects produced by administered narcotics.

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Darvon

A recent article published in the *New England Journal of Medicine* reported that the efficacy of Darvon as a pain reliever could not be substantiated by a double-blind study. The authors' conclusions are difficult to understand.

Darvon was admitted to the market as an analgesic by itself or in combination with aspirin and other analgesic drugs after full clinical trials were carried out to the satisfaction of the Food and Drug Administation. This FDA approval was reinforced by a study of another salt of propoxyphene—Darvon-N™—a study which was continued for several years and culminated in FDA approval, at a time when the FDA is meticulous in assessment of effectiveness.

It is a common clinical observation that Darvon serves well and probably best when it is combined with other analgesic drugs and especially with aspirin. The combination of a peripherally acting substance with Darvon, which is primarily central in action, is remarkably effective.

The NAS/NRC panel commented that "the combination of Darvon with an antipyretic-analgesic of the aspirin type results in analgesia superior to that achieved by either drug administered alone."

Another mysterious development came to light when the NEJM article reported that, in one method which was used to analyze the results, 65 mg of Darvon ranked higher than 65 mg of codeine.

Darvon products have been in widespread clinical use for 15 years. As the politicians express it, "Let's look at the record." It is a record of millions of patients who have obtained satisfactory relief of mild to moderate pain from Darvon and its combinations, with an unusually high degree of safety.

Guest Editorial

Categorization of a Community's Hospital Emergency Services

CITIZENS of a community may soon hear and read that the emergency services of their hospitals have been categorized according to their respective capabilities. Citizens should understand, however, that categorization of emergency services is not specifically a grading of hospitals. Excellent hospitals for patients with average injuries or illnesses, however, may not be the best qualified and prepared to receive patients with life-threatening emergency conditions.

Many physicians and others believe that categorization of hospital emergency service capabilities can be an important adjunct to the community's system of emergency ambulance services. With advance knowledge of the varying capabilities of hospitals to receive for treatment patients with serious injuries or illnesses, ambulance, law enforcement and fire department personnel and the citizens of the community will be able to select a hospital to which truly emergency patients should be transported forthwith even if other good hospitals, less ready and capable, must be bypassed.

The concept of hospital emergency service categorization envisions a good system of emergency ambulance services, including well-equipped vehicles affording adequate interior room; at least one attendant in addition to a driver, both or all well-trained in emergency care techniques; and excellent two-way radio communications between the ambulances, hospital emergency departments and the ambulance dispatcher. Adequate voice two-way communications are a vital part of the system. A physician in the emergency department can offer advice to ambulance

personnel on emergency care for a patient; ambulance personnel can alert the hospital physician to the impending arrival of a patient needing his services immediately so preparations can be made in advance.

Guidelines by which the emergency services of a community's hospitals may be designated into four categories have been developed by the Commission on Emergency Medical Services of the American Medical Association.[1] Only Categories I and II, the most ready and capable, have a physician in the emergency department at all hours each day. Obviously, for the system of voice communication between the hospital and ambulance personnel to be feasible and effective, the latter must know the emergency departments with physicians who may be contacted by radio immediately.

A number of urban areas in the United States currently have sophisticated emergency medical service systems comprising all essential components aforementioned. Some of these have communication systems involving telemetry permitting vital signs and electrocardiograms to be transmitted by radio to physicians in the hospital emergency departments of the higher rated categories. In these communities physicians may direct ambulance personnel to start intravenous infusions, administer certain drugs or use electric shocks for patients in cardiac arrest.

Everyone must understand that each of the four categories of hospital emergency services has a distinct part to play. Not every emergency patient should be routed to Category I and II Services, as they could be inundated. These are for patients with life-threatening conditions. Each of the four categories has the capability to render excellent services for the patient with an average emergency condition.

If your community has an inferior system of emergency medical services, you and your fellow citizens should see to improvement. The first step is to insure an effective basic emergency ambulance service, including each essential component. Once this is accomplished, categorization of hospital emergency services may be considered. When the latter has been developed, telemetry with its life-saving advantages may be incorporated.—**Oscar P. Hampton, Jr., M.D., director, Trauma Division, American College of Surgeons, and member, AMA Commission on Emergency Medical Services.**

REFERENCE

[1] *Categorization of Hospital Emergency Capabilities*, American Medical Association, 535 N. Dearborn St., Chicago, Ill. 60610.

Editorial Notes . .

The Indiana Traffic Safety Council warns that roads are at their slickest during the first stage of a rainstorm. The first drizzle tends to loosen a greasy film of oil, gasoline, and rubber which is actually slicker than a wet pavement will be after the rain has washed the film away. Greatest caution is advised early in wet weather.

Tailings from uranium mills have been used in Colorado for construction fill purposes. The Colorado Department of Health estimates that about 200,000 tons of tailings have been found on property of 6000 homeowners. Some 3300 homeowners will be notified that the tailings, which have been found to emit radon gas and gamma radiation, are close enough to dwellings to warrant removal.

More than 22,000 heroin addicts have been successfully detoxified in nine months in the detention jails of New York City. Detoxification is accomplished by giving decreasing doses of methadone orally, followed by transfer of the addict to a community-based narcotics treatment program.

Health Insurance News reports that clinical investigation in England has shown that persons taking more than 110 grams of sugar a day are five times as likely to have heart problems as those taking less than 60 grams a day. Sugar appears to be statistically more conducive to arteriosclerosis than is starch.

The American Association of Blood Banks, which represents a majority of the nation's nonprofit community blood banks and over 1464 hospital blood banks, is advocating a move, as rapidly as possible, to a goal of 100% voluntary blood donations. The Association also advocates blood nonreplacement fees and group and individual credit as incentive for donating blood.

A General Motors Safety expert found that, in 160 accidents, 99% of riders who wore both lap and shoulder belts, escaped injury or had only minor injuries. Ninety-six of the 160 accidents were serious crashes in which severe injury would normally be expected.

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Contraindications: Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states. Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias. The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

Warnings: When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexigenic effect; discontinue the drug. Tolerance to the anorectic effect may develop. Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants. There have been reports of pulmonary hypertension in patients who received related drugs.

Drug Dependence: Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended. In long-term controlled studies with high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.

Usage In Pregnancy: The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended. Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.

Usage In Children: Not recommended for use in children under 12 years of age.

Precautions: In patients with diabetes mellitus there may be alteration of Insulin requirements due to dietary restrictions and weight loss. Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction. In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug. Psychologic disturbances have been reported in patients who concomitantly receive an anorexic agent and a restrictive dietary regimen.

Adverse Reactions: Central Nervous System: When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

Dosage and Administration: The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

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Management: Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

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1.2 to 8 grams/day IV dosage range: Most hospitalized patients with uncomplicated pneumonias respond satisfactorily to 1.2 to 1.8 grams/day of Lincocin IV. These doses may have to be increased for more serious infections. In life-threatening situations as much as 8 grams/day has been administered intravenously to adults.

In usual IV doses, Lincocin (lincomycin hydrochloride, Upjohn) should be diluted in 250 ml or more of normal saline solution or 5% glucose in water. But when 4 grams or more per day is given, Lincocin should be diluted in not less than 500 ml of either solution, and the rate of administration should not exceed 100 ml/hour. Too rapid intravenous administration of doses exceeding 4 grams may result in hypotension or, in rare instances, cardiopulmonary arrest.

Effective gram-positive antibiotic: Lincocin IV is effective in respiratory tract, skin and soft-tissue, and bone

infections caused by susceptible strains of pneumococci, streptococci, and staphylococci, including penicillin-resistant strains. Staphylococcal strains resistant to Lincocin (lincomycin hydrochloride, Upjohn) have been recovered. Before initiating therapy, culture and susceptibility studies should be performed. Lincocin has proved valuable in treating patients hypersensitive to penicillin or cephalosporins, since Lincocin does not share antigenicity with these compounds. However, hypersensitivity reactions have been reported, some of these in patients known to be sensitive to penicillin.

Well tolerated at infusion site: Lincocin intravenous infusions have not produced local irritation or phlebitis, when given as recommended. Lincocin is usually well tolerated in patients who are hypersensitive to other drugs. Nevertheless, Lincocin should be used cautiously in patients with asthma or significant allergies.

In patients with impaired renal function, the recommended dose of Lincocin should be reduced to 25–30% of the dose for patients with normal kidney function. Its safety in pregnant patients and in infants less than one month of age has not been established.

Lincocin may be used with other antimicrobial agents: Since Lincocin is stable over a wide pH range, it is suitable for incorporation in intravenous infusions; it also may be administered concomitantly with other antimicrobial agents when indicated. However, Lincocin should not be used with erythromycin, as *in vitro* antagonism has been reported.

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Sterile Solution (300 mg per ml)

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For further prescribing information, please see following page.



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Lincocin (lincomycin hydrochloride) is indicated in infections due to susceptible strains of staphylococci, pneumococci, and streptococci. *In vitro* susceptibility studies should be performed. Cross resistance has not been demonstrated with penicillin, ampicillin, cephalosporins, chloramphenicol or the tetracyclines. Some cross resistance with erythromycin has been reported. Studies indicate that Lincocin does not share antigenicity with penicillin compounds.

CONTRAINDICATIONS: History of prior hypersensitivity to lincomycin or clindamycin. Not indicated in the treatment of viral or minor bacterial infections.

WARNINGS: *CASES OF SEVERE AND PERSISTENT DIARRHEA HAVE BEEN REPORTED AND HAVE AT TIMES NECESSITATED DISCONTINUANCE OF THE DRUG. THIS DIARRHEA HAS BEEN OCCASIONALLY ASSOCIATED WITH BLOOD AND MUCUS IN THE STOOLS AND HAS AT TIMES RESULTED IN AN ACUTE COLITIS. THIS SIDE EFFECT USUALLY HAS BEEN ASSOCIATED WITH THE ORAL DOSAGE FORM BUT OCCASIONALLY HAS BEEN REPORTED FOLLOWING PARENTERAL THERAPY.* A careful inquiry should be made concerning previous sensitivities to drugs or other allergens. Safety for use in pregnancy has not been established and Lincocin (lincomycin hydrochloride) is not indicated in the newborn. Reduce dose 25 to 30% in patients with severe impairment of renal function.

PRECAUTIONS: Like any drug, Lincocin should be used with caution in patients having a history of asthma or significant allergies. Overgrowth of nonsusceptible organisms, particularly yeasts, may occur and require appropriate measures. Patients with pre-existing monilial infections requiring Lincocin therapy should be given concomitant antimonilial treatment. During prolonged Lincocin therapy, periodic liver function studies and blood counts should be performed. Not recommended (inadequate data) in patients with pre-existing liver disease unless special clinical circumstances indicate. Continue treatment of β-hemolytic streptococci infections for 10 days to diminish likelihood of rheumatic fever or glomerulonephritis.

ADVERSE REACTIONS: *Gastrointestinal*—Glossitis, stomatitis, nausea, vomiting. Persistent diarrhea, enterocolitis, and pruritus ani. *Hemopoietic*—Neutropenia, leukopenia, agranulocytosis, and thrombocytopenic purpura have been reported. *Hypersensitivity reactions*—Hypersensitivity reactions such as angioneurotic edema, serum sickness, and anaphylaxis have been reported, sometimes in patients sensitive to penicillin. If allergic reaction occurs, discontinue drug. Have epinephrine, corticosteroids, and antihistamines available for emergency treatment. *Skin and mucous membranes*—Skin rashes, urticaria, vaginitis, and rare instances of exfoliative and vesiculobullous dermatitis have been reported. *Liver*—Although no direct relationship to liver dysfunction is established, jaundice and abnormal liver function tests (particularly serum transaminase) have been observed in a few instances. *Cardiovascular*—Instances of hypotension following parenteral administration have been reported, particularly after too rapid IV administration. Rare instances of cardiopulmonary arrest have been reported after too rapid IV administration. If 4.0 grams or more administered IV, dilute in 500 ml of fluid and administer no faster than 100 ml per hour. *Special senses*—Tinnitus and vertigo have been reported occasionally. *Local reactions*—Excellent local tolerance demonstrated to intramuscularly administered Lincocin (lincomycin hydrochloride). Reports of pain following injection have been infrequent. Intravenous administration of Lincocin in 250 to 500 ml of 5% glucose in distilled water or normal saline has produced no local irritation or phlebitis.

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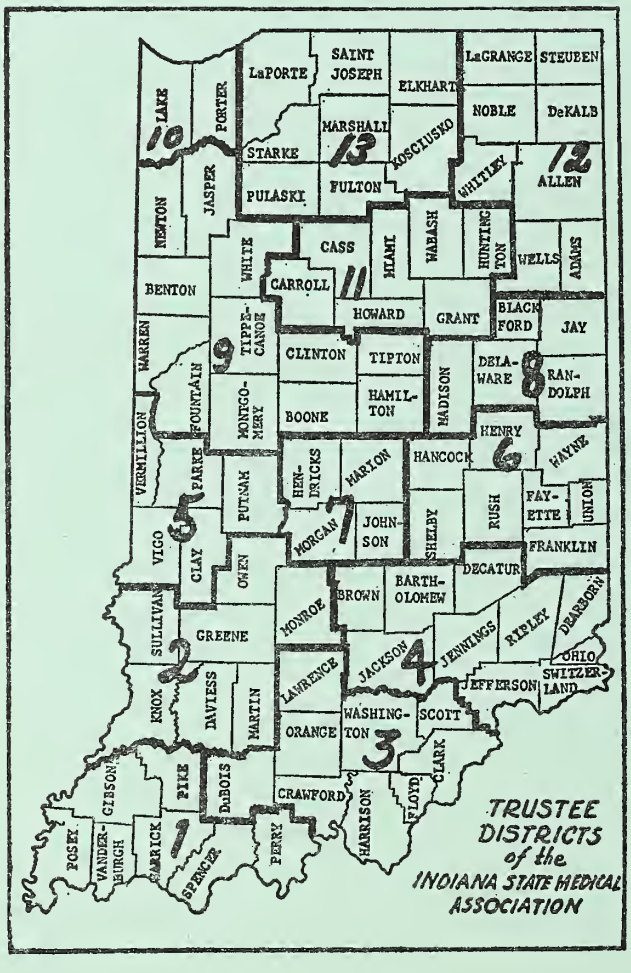


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ELKHART
LaGRANGE
STEUBEN
NOBLE
DeKALB
10
MARSHALL
13
KOSCIUSKO
STARKE
WHITLEY
12
ALLEN
NEWTON
JASPER
PULASKI
FULTON
WABASH
HUNTING-TON
WELLS
ADAMS
CASS
MIAMI
WHITE
CARROLL
11
BENTON
HOWARD
GRANT
BLACK-FORD
JAY
WARREN
TIPPE-CANOE
9
CLINTON
TIPTON
DELA-WARE
8
RAN-DOLPH
FOUNTAIN
MONTGO-MERY
BOONE
HAMIL-TON
MADISON
HENRY
VERMILLION
PARKE
HENDRICKS
MARION
HANCOCK
6
WAYNE
PUTNAM
5
MORGAN
7
JOHN-SON
SHELBY
RUSH
FAY-ETTE
UNION
VIGO
CLAY
OWEN
FRANKLIN
DECATUR
BARTH-OLOMEW
BROWN
MONROE
SULLIVAN
GREENE
2
JACKSON
4
JENNINGS
RIPLEY
DEARBORN
OHIO
SWITZER-LAND
JEFFERSON
LAWRENCE
KNOX
DAVIESS
MARTIN
WASHING-TON
SCOTT
ORANGE
3
CLARK
PIKE
DuBOIS
CRAWFORD
FLOYD
GIBSON
POSEY
VANDER-BURGH
WARRICK
1
SPENCER
PERRY
HARRISON
TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1972.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

The information on specialties came from the 1969 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See page 34/560 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 35/561.

Name	City	County
	A	
Aaron, Michael B.	Hammond	Lake
Abell, Charles F.	Marion	Grant
Abell, Wm. A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acre, Robert R. (S)	Evansville	Vanderburgh
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, Max R. (S)	Greenfield	Hancock
Adams, William B.	Muncie	Delaware-Blackford
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adkins, Harold C.	Indianapolis	Marion
Adler, Alan J.	Muncie	Delaware-Blackford
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahler, Kenneth J.	Rensselaer	Jasper
Ahn, Kyung J.	Munster	Lake
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akin, Ali	Evansville	Vanderburgh
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, Harry D.	Indianapolis	Marion
Aldrich, Howard	Indianapolis	Marion
Alexander, Alan A.	Lafayette	Tippecanoe
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Alstoff, David	Lafayette	Tippecanoe
Alt, Edward M.	Munster	Lake
Altier, William H.	Lafayette	Benton
Aluning, Pastor D. Jr.	Rochester	Fulton
Alvarado, Virginia C.	Scottsburg	Scott
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Alward, John H.	Kokomo	Howard
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Merrillville	Lake
Amini, Sohrab	Huntingburg	Dubois
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Walter C. (S)	Terre Haute	Vigo
Anderson, Wm. R.	Bloomington	Owen-Monroe
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Armando E.	Connersville	Fayette-Franklin
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H. (S)	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion

Name	City	County
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, Russell L.	Indianapolis	Marion
Arbuckle, William E. (S)	Indianapolis	Marion
Arcangel, Cesar	Jeffersonville	Clark
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L.	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	La Porte
Arney, Amos	Michigan City	La Porte
Arnold, Anthony J.	Indianapolis	Marion
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aronoff, Michael S.	Bloomington	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Arroyo, Sylvia	Evansville	Vanderburgh
Artis, Myrle E.	Kokomo	Howard
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C. (S)	Rushville	Rush
Atkins, Clayton	Greenwood	Marion
Atkins, Steven D.	Greenwood	Marion
Atwood, William H.	Elkhart	Elkhart
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W.	Marion	Grant
Azar, George A.	Valparaiso	Porter
Azzam, Roshdi A.	Bedford	Lawrence

B

Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcock, James L.	Indianapolis	Marion
Babcoke, Gary A.	Cedar Lake	Lake
Bacala, Jesus	Scottsburg	Scott
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	La Porte	La Porte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	La Porte	La Porte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Edwin B.	Linton	Greene
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, Melvin S.	Indianapolis	Marion
Baird, Glenn D.	Evansville	Vanderburgh
Baisas, Wilfrido C.	Evansville	Vanderburgh
Bakemeier, Robert E.	Indianapolis	Marion
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	La Porte
Bakos, Edward R.	Cleveland, O.	Lake
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balinao, Ruben C.	Michigan City	LaPorte
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balsbaugh, George K.	North Manchester	Wabash
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Baltzer, Donald J.	Muncie	Delaware-Blackford
Baluyut, Amando L.	Peru	Miami
Banas, William R.	Indianapolis	Marion
Banez, Ramon	Richmond	Wayne-Union
Bankoff, Milton L.	Michigan City	La Porte
Bannon, William G.	Terre Haute	Vigo
Baptisti, Arthur, Jr.	Nashville	Marion
Baran, Charles	South Bend	St. Joseph
Barbee, John Y., Jr.	New Albany	Floyd
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson-Jennings
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Ivan R.	Redonda Beach, Calif.	Marion
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Hobart	Porter
Barrow, John H.	Dale	Spencer
Bartheleny, Douge	Gary	Lake
Bartle, James L.	Indianapolis	Marion
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
Barton, Willoughby M.	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bascom, Karleen A.	Madison	Jefferson-Switzerland
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Bate, M. H.	Indianapolis	Marion
Bates, Laurence H.	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	La Porte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings

Name	City	County
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	Jeffersonville	Floyd
Bayazit, Lutti	Logansport	Cass
Bayley, William E. (S)	Lafayette	Tippecanoe
Beach, Norman F.	South Bend	St. Joseph
Beach, Robert R. (S)	Indianapolis	Marion
Beams, Ralph H.	Fort Wayne	Allen
Beams, Ronald N.	Indianapolis	Marion
Bean, Joseph S.	Logansport	Cass
Bean, Wm. J.	Marion	Grant
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, David C.	Indianapolis	Marion
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Beck, Thomas A.	Swayzee	Grant
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Begley, Robert W.	Anderson	Madison
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Behrend, Frank	Valparaiso	Porter
Beierlein, Karl M. (S)	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Beiser, George D.	East Chicago	Lake
Belcher, Alan D.	Marion	Grant
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendush, Cecil L.	Evansville	Vanderburgh
Benedict, Harold G.	Anderson	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benjamin, Samson	Indianapolis	Marion
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Ivan F.	Indianapolis	Marion
Bennett, J. B.	Warren	Huntington
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Benz, Owen F.	Fort Myers Beach, Fla.	La Porte
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	La Porte
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berker, Beddi S.	Evansville	Vanderburgh
Berkson, Myron E.	Michigan City	La Porte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Berner, H. W.	Muncie	Delaware-Blackford
Bernoske, Daniel G.	Indianapolis	Marion
Berry, John M.	Michigan City	Marion
Beruben, Miguel F.	East Chicago	Lake
Best, Maurice M.	New Albany	Floyd
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Bibler, Lester D.	Indianapolis	Marion
Bicalho, Jose F.	Merrillville	Lake
Bickel, David A. (S)	South Bend	St. Joseph
Bickers, Everett E.	Floyds Knobs	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Birdzell, John P.	Crown Point	Lake
Birmingham, Peter J. (S)	South Bend	St. Joseph
Bishop, Harry A.	Frankton	Madison
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, Gloria Anne	Indianapolis	Marion
Bixler, James A.	Fort Wayne	Allen
Bixler, Louis C.	South Bend	St. Joseph
Bizal, John A.	Evansville	Vanderburgh
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, Joseph M.	Seymour	Jackson-Jennings
Black, M. James	Brownsburg	Hendricks
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blando, Uldarico	Gary	Porter
Blankenbaker, Ronald	Indianapolis	Marion
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash

Name	City	County
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Boen, Bradley N.	Terre Haute	Vigo
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F. (S)	Indianapolis	Marion
Boha, Rudolf L.	Borden	Floyd
Bolander, James E.	Fort Wayne	Allen
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Dayton, Ohio	Marion
Bolivar, Juan C.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bonaventura, A. P.	Highland	Lake
Bond, L. G.	Lafayette	Tippecanoe
Bond, Virginia	Indianapolis	Marion
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R.	Poseyville	Posey
Borges, Victor J.	Huntingburg	Dubois
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A. (S)	Westville	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles L. (S)	Hollywood, Fla.	Delaware-Blackford
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Botkin, James E.	Marion	Grant
Boughner, Gerald R.	Monticello	White
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Chas. N.	Albion	Noble
Bowman, John	Kokomo	Howard
Bowman, Leon	New Albany	Floyd
Bowser, Philip G.	Goshen	Elkhart
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B. (S)	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F. (S)	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandes, David C.	Marion	Grant
Brandman, Harry	Gary	Lake
Brandt, William E.	Fort Wayne	Allen
Brantly, James M.	Indianapolis	Marion
Brasovan, Srbislav	Merrillville	Lake
Brauer, Abraham A.	Westville	La Porte
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Bremer, Windham	Michigan City	LaPorte
Brennan, Bess B.	Hammond	Lake
Brennan, William C.	Whiting	Lake
Brenner, Howard B.	Munster	Lake
Brenner, Hugo	Williamsport	Fountain-Warren
Bretz, John M.	Huntingburg	Dubois
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Merrillville	Lake
Brissenden, Reynolds B.	Carmel	Marion
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Broderdsen, James D.	Munster	Lake
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brown, Archie E.	St. Petersburg Beach, Fla.	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl E.	Greenwood	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Haines City, Fla.	Owen-Monroe
Brown, Raymond Lee	Evansville	Vanderburgh
Brown, Richard J.	Kokomo	Howard

Name	City	County
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Brueggeman, Walter G.	Columbus	Bartholomew-Brown
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Brundick, Edward L.	Evansville	Vanderburgh
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Buchanan, Wallace D.	South Bend	St. Joseph
Bucholz, James G.	Fort Wayne	Allen
Buchman, Marshall H.	New Albany	Floyd
Buck, Richard C.	South Bend	St. Joseph
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Vincennes	Knox
Buehl, Isabelle A.	Indianapolis	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W. (S)	South Bend	St. Joseph
Buehner, Donald C.	Evansville	Vanderburgh
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bueser, Rudsen M.	Vincennes	Knox
Bullard, Harlan R.	Lafayette	Tippecanoe
Bullers, Robert C.	Franklin	Johnson
Bullington, George E.	Franklin	Johnson
Bundy, Vernon	New Albany	Floyd
Buntin, Presley T.	Indianapolis	Marion
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnes, Keith C.	Lebanon	Boone
Burnett, Arthur B.	New Castle	Henry
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, Anthony	Muncie	Delaware-Blackford
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burns, Winton H.	Ft. Rucker, Ala.	Henry
Burt, Michael	Indianapolis	Marion
Burton, Robt. L.	Gary	Lake
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Buslee, Roger M.	South Bend	St. Joseph
Butler, John O.	Indianapolis	Marion
Butler, Richard	Richmond	Wayne-Union
Butler, Robert M.	Indianapolis	Marion
Butterworth, Joseph C.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byler, John J.	South Bend	St. Joseph
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrd, Ryland P.	Jeffersonville	Clark
Byrne, Robert J.	Bicknell	Knox

C

Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Pelayo B.	Gary	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, Richard B.	Marion	Grant
Calhoon, John P.	Plainfield	Hendricks
Callaghan, Winship C.	Greensburg	Decatur
Calland, Sabra Wetzler	Indianapolis	Marion
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Cameron, Don F. (S)	Angola	Steuben
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caputi, Saverio	Indianapolis	Marion
Carberry, George A.	Merrillville	Lake
Carbone, Joseph A.	Merrillville	Lake
Card, William C.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlson, Milton R.	Portage	Porter
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Garrett	DeKalb
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Newaygo, Mich.	Clinton
Carroll, Bertha Rose (S)	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carson, Richard	Anderson	Madison
Carter, Charles B.	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington

Name	City	County
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, J. Vernal (S)	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart
Castueras, Flor T.	Salem	Washington
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Indianapolis	Marion
Cato, Allen	Evansville	Vanderburgh
Cattell, Lee M.	Indianapolis	Marion
Caudill, Rodney C.	Yorktown	Madison
Cavins, Alexander W. (S)	Terre Haute	Vigo
Cavins, John A.	Indianapolis	Marion
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D. (S)	Bluffton	Wells
Caylor, Truman E. (S)	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Cha, Jin S.	Munster	Lake
Chael, Thomas C.	Munster	Lake
Challman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Donald C.	Fort Wayne	Allen
Chambers, Leroy B.	Union City	Randolph
Chamblee, Roland N.	South Bend	St. Joseph
Chan, John T.	Marion	Grant
Chandler, Leon H.	Goshen	Marion
Chaney, Robert D.	Marion	Grant
Chapman, William E.	Indianapolis	Marion
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chip, Jerald N.	Merrillville	Lake
Chiu, F. Luke	Franklin	Johnson
Chivington, Paul V.	Indianapolis	Marion
Choslovsky, Sydney	Gary	Lake
Christie, Marvin C.	Beech Grove	Marion
Christophel, Verna A.	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chua, Gonzalo I.	Beech Grove	Marion
Chube, David D.	Gary	Lake
Church, Robert A.	Munster	Lake
Clark, Edward E.	Indianapolis	Marion
Clark, Eric	Plainfield	Hendricks
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R., Jr.	Fort Wayne	Allen
Clark, William R.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clemente, Jose P.	Richmond	Wayne-Union
Clevinger, William G.	Kokomo	Howard
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, Frederick W.	Fort Wayne	Allen
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coates, Jacqueline	Indianapolis	Marion
Cobb, Clarence M.	Indianapolis	Marion
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockerill, Edward M.	Indianapolis	Marion
Cockrell, D. Kete	Beech Grove	Marion
Coddens, Avery L.	Fowler	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Burton J.	Jeffersonville	Clark
Cohen, Hyman L.	Gary	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colligan, Francis X.	Topeka	LaGrange
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Westville	LaPorte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn (S)	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cooke, John V.	Richmond	Wayne-Union
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cooper, Wm. Earl	Columbus	Bartholomew-Brown
Cope, Stanton E.	Huntington	Huntington
Copher, David E.	Indianapolis	Marion

Name	City	County
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Cornog, John L. Jr.	Indianapolis	Marion
Corpe, Kenneth F.	Rushville	Rush
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Coulon, Thomas F.	Muncie	Delaware-Blackford
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M. (S)	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T. (S)	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crane, David G.	Bloomington	Owen-Monroe
Crates, Gorden C.	Denver	Miami
Cravens, Frederick A.	Indianapolis	Marion
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Cripe, Earl P.	Bremen	Elkhart
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Bloomington	Owen-Monroe
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Mulberry	Tippecanoe
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Nashville	Marion
Cullen, P. Kent, Jr.	Santa Barbara, Calif.	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Indianapolis	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T. (S)	Muncie	Delaware-Blackford
Cureton, Edw. E.	Bloomington	Owen-Monroe
Currie, Robert W.	Indianapolis	Marion
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custodio, Alexander O.	Gary	Lake
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

Name	City	County
D		
Dacquisto, Michael P.	Zionsville	Marion
Daggy, James R.	Richmond	Wayne-Union
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daly, Walter J.	Indianapolis	Marion
Dancel, Manuel T.	Scottsburg	Scott
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Darroca, Wm. C.	Richmond	Wayne-Union
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Dauscher, Dean D.	Fort Wayne	Allen
David, Delfin P.	Rising Sun	Dearborn-Ohio
David, George J.	Muncie	DeKalb
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort (S)	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Day, William D. C.	Seymour	Jackson-Jennings
Dayson, Louie O.	Vincennes	Knox
Deacon, Walter E.	Indianapolis	Marion
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeJesus, Jose R., Jr.	Plymouth	Marshall
Dehner, John R.	Richmond	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
de la Cotera, Frederick G.	Munster	Lake
DeMelo, Luiz P.	Merrillville	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion

Name	City	County
Denny, James W. (S)	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L.	Brookston	Tippecanoe
DeRosa, G. Paul	Indianapolis	Marion
Dersch, David M.	Muncie	Delaware-Blackford
Deschamps, Domenico J.	Gary	Lake
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Homewood Ala.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L. (S)	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Westville	LaPorte
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dino, Florian S.	Bedford	Lawrence
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Washington, D.C.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R., Jr.	East Chicago	Lake
Dizon, R. H.	Lawrenceburg	Dearborn-Ohio
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U. (S)	Hartford City	Delaware-Blackford
Dodds, Wemple (S)	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R. (S)	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donchess, Joseph C.	Oakbrook, Ill.	Lake

Name	City	County
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Everett F.	South Bend	St. Joseph
Donnelly, Robert W.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dormire, Robert D.	Fort Wayne	Allen
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Anthony	Muncie	Delaware-Blackford
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	East Chicago	Lake
Dragomer, Andrei S.	Munster	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Drennen, Robert V.	Anderson	Madison
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
Dubois, Don R.	Indianapolis	Marion
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Dugan, John R.	Indianapolis	Marion
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, James E.	Alexandria	Madison
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Latimer E.	Sullivan	Sullivan
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C. (S)	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dy, James T.	Portage	Porter
Dy, Juley T.	Valparaiso	Porter
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo

Name	City	County
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dziabis, Marvin D.	North Manchester	Wabash

E

Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastlund, Marvin E.	Indianapolis	Marion
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J. (S)	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebel, Theron A.	Indianapolis	Marion
Ebert, J. Wayne (S)	Indianapolis	Marion
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmands, Robert E.	Indianapolis	Marion
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua L.	Indianapolis	Marion
Edwards, Judith A.	Indianapolis	Marion
Edwards, William F.	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Ernest L. (S)	Hammond	Lake
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eldridge, Gail E.	Indianapolis	Marion
El Issa, Sa'D	Terre Haute	Vigo
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Eller, Alvan L.	Flora	Carroll
Ellett, John, Jr.	Coatesville	Putnam
Elliott, Daniel R.	Indianapolis	Marion
Elliott, John T.	Indianapolis	Marion
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Richard	Vincennes	Knox
Elliott, Thomas A.	Elkhart	Elkhart
Elliott, William C.	Indianapolis	Marion
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David L.	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W. (S)	Cincinnati, Ohio	Madison
Ellis, William N.	Indianapolis	Marion
Elshoff, Donald V.	Evansville	Vanderburgh
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Dubois
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
Engelking, David F.	Munster	Lake
English, Hubert M. (S)	Gary	Lake
English, John P.	South Bend	St. Joseph
Enker, Stanley H.	Munster	Lake
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L. (S)	Dunkirk	Jay
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Ertan, Behic	Munster	Lake
Erwin, W. Robert	La Porte	La Porte
Eskew, Kenneth W.	Sullivan	Sullivan
Eskew, Philip N.	Indianapolis	Marion
Esparza, Higinio S.	Indianapolis	Marion
Espindola, Emilio N.	Chicago, Ill.	Lake
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estacio, Romeo Y.	Munster	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Ettinger, Marvin M.	Bedford	Lawrence
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewer, Robert W.	Evansville	Vanderburgh
Ewing, Nathaniel D.	Vincennes	Knox

F

Fadul, Armand	Merrillville	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Fajardo, Manuel	Ferdinand	Dubois
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Farinas, Cirilo	Hammond	Lake
Farmer, Charles R.	Richmond	Wayne-Union
Farner, James E.	Cleveland, O.	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Indianapolis	Marion
Farvar, Boyouk	Elkhart	Elkhart
Faul, Henry J.	Evansville	Vanderburgh
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fawcett, Kenneth J.	South Bend	St. Joseph
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	Munster	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Howard E.	Munster	Lake
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Felger, T. A.	Fort Wayne	Allen

Name	City	County
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, Arthur N. (S)	Fort Wayne	Allen
Ferguson, Stephen C.	Evansville	Vanderburgh
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferrara, Thomas A.	Indianapolis	Marion
Ferree, H. Lane	Indianapolis	Marion
Ferree, Mary M.	Indianapolis	Marion
Ferrell, Mars B.	Fortville	Madison
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fiacable, Joseph P.	Fort Wayne	Allen
Fichman, Abraham M. (S)	Fort Wayne	Allen
Fiederlein, Frederick J.	Muncie	Delaware-Blackford
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Elkhart	Elkhart
Fink, James H.	South Bend	St. Joseph
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L. (S)	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Warren E.	Anderson	Madison
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fish, James C.	Ann Arbor, Mich.	Cass
Fisher, Forrest	Gary	Lake
Fisher, Gerald E.	Lebanon	Boone
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, William P.	Indianapolis	Marion
Fitzgerald, Brice E.	W. Lafayette	Tippecanoe
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Fitzsimmons, S. L.	Evansville	Vanderburgh
Flack, Russell A.	Woodland Hills, Calif.	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Folkening, Mark N.	Plainfield	Hendricks
Follis, C. Gene	Evansville	Vanderburgh
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Violet Crabbe	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Indianapolis	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Fort Wayne	Allen
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	East Chicago	Lake
France, Lloyd C.	Plymouth	Marshall
Franco, James M.	Evansville	Vanderburgh
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L. (S)	South Bend	St. Joseph
Franke, Gordon R.	Fort Wayne	Allen
Franken, E.A., Jr.	Indianapolis	Marion
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franks, Larry C.	Indianapolis	Marion
Franz, Sherman G.	Columbus	Bartholomew-Brown
Frasch, Mahlon G. (S)	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
French, Robert J.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Frey, William B.	Monroe, Wisc.	St. Joseph
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	Granger	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Salem	Clark
Fundenberger, Martin	Indianapolis	Marion
Furman, Robert H.	Indianapolis	Marion
Furr, Jack D.	Monterey	Pulaski
Fuson, Wenfred J. (S)	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Howard
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Indianapolis	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion

Name	City	County
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Gailey, Ivan L.	Hatfield	Spencer
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galinis, Algimantas J.	Michigan City	LaPorte
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Valparaiso	Lake
Galup, Luis N.	South Bend	St. Joseph
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Gangi, Nasser	Bloomington	Owen-Monroe
Gannon, Anthony	Franklin	Johnson
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Garcia, Tierry	Marion	Grant
Gard, Daniel A.	Indianapolis	Marion
Gardiner, H. Glenn	St. Petersburg, Fla.	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Gardner, Norman D.	Indianapolis	Marion
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Marion	Grant
Garst, Garland R.	Louisville, Ky.	Vanderburgh
Garton, Harry W. (S)	Fort Wayne	Allen
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gaton, Jordi	Milan	Ripley
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W. (S)	Shelbyville	Shelby
Gehring, Thomas A.	Merrillville	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Hale's Corners, Wis.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Hammond	Lake
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Wabash	Wabash
Gilbert, Robert G.	Cannelton	Perry
Gill, D. Richard	Huntington	Huntington
Gillen, Howard W.	Indianapolis	Marion
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliand, John E.	Franklin	Johnson
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	East Chicago	Lake
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Brookston	Tippecanoe
Gisherman, A. B.	New Albany	Jefferson-Switzerland
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Gize, Raymond W.	Fort Wayne	Allen
Glackman, John C., Jr.	Rockport	Spencer
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Alan R.	Greencastle	Putnam
Glock, Hugh E.	Richmond	Wayne-Union
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, Wm. J.	Merrillville	Lake
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Godwin, Donald W.	Evansville	Vanderburgh
Goebel, Carl W.	Fort Wayne	Allen
Goetcheus, Janell A.	Upland	Grant
Gojkovich, Dusan	Manteno, Ill.	Lake
Gold, Marvin E.	Valparaiso	Porter
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenberg, David B.	Indianapolis	Marion
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph (S)	Gary	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gomez, Cesar M.	Munster	Lake
Gonzales, Raul C.	Bedford	Lawrence
Gonzales, Sesinando A.	Highland	Lake
Gonzales, Alfredo B.	Indianapolis	Marion
Good, Richard P.	Kokomo	Howard
Goode, Robt.	Knox	Starke
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T. (S)	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodrum, William R.	Kingman	Parke-Vermillion
Goodwin, Thomas	Merrillville	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Harry Wm.	Shelbyville	Shelby
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gorham, Charles E.	New Paris	Elkhart
Gormley, Joseph J.	Indianapolis	Marion

Name	City	County
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Graber, Alvin R.	Nappanee	Elkhart
Graber, Virgil R.	Elkhart	Elkhart
Graber, Benjamin	Waterloo	DeKalb
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, Russell E.	Bluffton	Wells
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Granda, Armando B.	Kokomo	Howard
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Howard R.	Indianapolis	Marion
Gray, William J.	Chesterfield	Madison
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Stuart A.	Muncie	Delaware-Blackford
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F. (S)	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, Burton H.	East Chicago	Lake
Greenberg, H. L.	Rensselaer	Jasper
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, James R.	Bloomington	Owen-Monroe
Greenlee, Joseph A., Jr.	Avilla	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Eugene	Gary	Lake
Gregory, Robert L.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greider, Lester S.	Lafayette	Tippecanoe
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Fayette-Franklin
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C. H., Jr.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grisell, Ted W.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Frenita B.	Marion	Grant
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Guinigundo, Noli C.	Brookville	Fayette-Franklin
Gullett, Austin	Columbus	Bartholomew-Brown
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Gutwein, Gilbert	Lafayette	Tippecanoe
Guzman, Marcelino F.	Morocco	Newton
H		
Haas, Charles F.	Lafayette	Tippecanoe
Haas, Ray A.	Grissom USAF	Delaware-Blackford
Habbe, Timothy A.	Bloomington	Owen-Monroe
Habegger, Elmer D.	Indianapolis	Marion
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Hadey, James H.	Merrillville	Lake
Hadley, David	Indianapolis	Marion
Hadley, David M.	Plainfield	Hendricks
Haffner, Herman G.	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Hagenow, Charles F.	Muncie	Delaware-Blackford
Haggard, David B.	Plainfield	Hendricks
Haggerty, Fred E.	Greencastle	Putnam
Hagie, Franklin E.	Richmond	Wayne-Union
Halaby, Fouad A.	Fort Wayne	Allen
Halbrook, Harold G.	Indianapolis	Marion
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E. (S)	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake
Hamburger, Richard J.	Indianapolis	Marion
Hamer, John	Fort Wayne	LaGrange
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence

Name	City	County
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	East Chicago	Lake
Hammersley, George K.	Frankfort	Clinton
Hammitt, Karleen A.	Cincinnati, Ohio	Jefferson-Switzerland
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Crown Point	Lake
Hancock, John G.	Indianapolis	Marion
Haney, Leslie E.	Goshen	Elkhart
Hann, Eldon C.	Indianapolis	Marion
Hanna, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hannon, Edward J.	Greencastle	Putnam
Hansen, Nikolas F.	Valparaiso	Porter
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Hardin, Wayne E.	Ossian	Wells
Harding, John	South Bend	St. Joseph
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harkness, Robert G. (S)	Terre Haute	Vigo
Harlin, Joyce A.	Indianapolis	Marion
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J.	Richmond	Wayne-Union
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, Robert B.	Columbus	Bartholomew-Brown
Hartlage, Patricia L.	Indianapolis	Marion
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Lakeville	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Hammond	Lake
Harvey, Emerson C., Jr.	Burlington	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, C. Bishop	Auburn	DeKalb
Hathaway, William H.	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Frank W.	APO N.Y.	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hayter, Robt.	Lyons	Greene
Haywood, John G.	Noblesville	Hamilton
Hazelrigg, Donald E.	Topeka, Kan.	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Lafayette	Tippecanoe
Heck, Martin C.	Jasper	Dubois
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heidemann, H. David	Jeffersonville	Clark
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heinsen, Charles E.	Winamac	Pulaski
Heiser, Ervin W.	Elkhart	Elkhart
Heitzman, Alois I.	Logansport	Cass
Held, George A.	Loogootee	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Three Rivers, Mich.	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison

Name	City	County
Hensley, Harry T.	Greenfield	Hancock
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Herman, Daniel J.	Vincennes	Knox
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio	Washington	Sullivan
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert	Indianapolis	Marion
Herrera, Vivencio A.	Fort Wayne	Allen
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Heyde, Edward L.	South Bend	St. Joseph
Hibbeln, Frederic P.	Indianapolis	Marion
Hibbeln, Thomas J.	Danville	Hendricks
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hibner, Nolan A.	Monticello	White
Hickman, Donald M.	Fort Wayne	Allen
Hicks, Murwyn L.	Indianapolis	Marion
Hieber, Frank R.	Munster	Lake
Higgins, James L.	Evansville	Vanderburgh
Higgins, Jack W.	Kokomo	Howard
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	LaPorte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Sarasota, Fla.	St. Joseph
Hilz, James M.	Ann Arbor, Mich.	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M. (S)	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines. John H.	Auburn	De Kalb
Hippensteel, Harland	Auburn	De Kalb
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Munster	Lake
Hitchcock, Philip D.	Evansville	Vanderburgh
Hobbs, Arthur A. (S)	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian (S)	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	LaPorte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Herman	Indianapolis	Marion
Hoffman, Max N.	Covington	Fountain-Warren
Hofmann, J. William (S)	Indianapolis	Marion
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Westville	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Merrillville	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Nashville, Tenn.	Bartholomew-Brown
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Holwerda, Harry L.	DeMotte	Porter
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hoog, John M.	Fort Wayne	Allen
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	East Chicago	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Hornback, Ned B.	Indianapolis	Marion
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horwitz, Thomas	Indianapolis	Marion
Hostetter, Michael G.	Indianapolis	Marion
Houck, Richard	Michigan City	LaPorte
Houser, D. Stanley	South Bend	St. Joseph
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovanessian, Raffy A.	Merrillville	Lake
Hovda, Richard B.	Evansville	Vanderburgh
Hover, Galen M.	Charlestown	Clark
How, Louis E. (S)	Lakeville	St. Joseph
Howard, James T.	Bloomington	Owen-Monroe
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howard, Wm. Harry (S)	Munster	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huebner, Gilbert D.	Washington, D.C.	Wells

Name	City	County
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Bethel Park, Pa.	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunsberger, Donald W.	Montpelier	Delaware-Blackford
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunteman, Roy K.	Indianapolis	Marion
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Huoni, John S. (S)	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Munster	Lake
Hutson, Richard A.	Indianapolis	Marion
Hutto, William H.	Brutus, Mich.	Howard
Hyde, Carroll C. (S)	South Bend	St. Joseph

I

Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Kentland	Newton
Indovina, Vincent A.	Munster	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irigoyen, David E.	New Albany	Floyd
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isaacs, Sidney	Richmond	Wayne-Union
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G. (S)	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart

J

Jackson, Dean B.	Angola	Steuben
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Merrillville	Lake
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Tuscaloosa, Ala.	Fayette-Franklin
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jaojoco, Armand E.	Batesville	Ripley
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jaurnig, Russell R.	Bluffton	Wells
Jay, Arthur C.	Parker	Delaware-Blackford
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jesch, Doris	Marion	Grant
Jesseph, John E.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Feliciano	Highland	Lake
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E.	Auburn	DeKalb
Jobes, James E.	Indianapolis	Marion
Johnloz, David K.	Bloomington	Owen-Monroe
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Darryl L.	Kokomo	Howard
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, Wayne L.	Indianapolis	Marion
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert L. (S)	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, A. T. (S)	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charlestown	Clark
Jones, David M.	West Lafayette	Tippecanoe
Jones, Francis P.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, Horace E.	Anderson	Madison
Jones, J. Carl	Logansport	Cass
Jones, John D.	Anderson	Madison
Jones, King S. (S)	Michigan City	La Porte
Jones, Randolph W.	Indianapolis	Marion
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	New Albany	Floyd
Jones, William H.	Martinsville	Morgan
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford

Name	City	County
Joseph, Rex M.	Indianapolis	Marion
Joshi, Prakash N.	Marion	Grant
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo

K

Kabel, Robert N.	Terre Haute	Vigo
Kachmann, Rudy	Fort Wayne	Allen
Kaderabek, Donal J.	Bedford	Lawrence
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kane, Jack L.	Indianapolis	Marion
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Indianapolis	Marion
Karsell, Philip R.	Bloomington	Owen-Monroe
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	San Francisco, Calif.	Marion
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton Allen	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kemker, Bernard	Jasper	Dubois
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Spring Valley Ohio	Parke-Vermillion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Indianapolis	Marion
Kendrick, Frank J. (S)	Gary	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, R. W.	LaPorte	LaPorte
Keplinger, James E. (S)	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Indianapolis	Marion
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R. (S)	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Keskin, Ibrahim	Hammond	Lake
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, John S. (S)	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Khaton, Odessa M.	Chicago, Ill.	Lake
Kidd, James G. (S)	North Manchester	Wabash
Kidder, Orva Thurl (S)	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kiefer, C. Raymond	Indianapolis	Marion
Kieffer, William J.	South Bend	St. Joseph
Kiely, John T.	Middletown	Madison
Kight, Jerry L.	Marion	Indianapolis
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Young D. (S)	Seattle, Wash.	Marion
Kimble, John W.	Mooresville	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D.	New Richmond	Montgomery
King, Charles R.	Anderson	Madison
King, Frank K.	Kokomo	Howard
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Leroy	Indianapolis	Marion
King, Nina C.	Indianapolis	Marion
King, John Thomas	Gary	Lake
King, Joseph W.	Anderson	Madison
King, Robert D.	Indianapolis	Marion
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
KinKade, Paul T.	New Castle	Henry
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshmann, Forrest E. (S)	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E. (S)	Lafayette	Tippecanoe

Name	City	County
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Carmel	Marion
Kmak, Chester J.	Merrillville	Lake
Knight, E. Larry	Elkhart	Elkhart
Knight, Lewis W.	Fort Wayne	Allen
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Fort Wayne	Tippecanoe
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecano
Kolanko, Leon A.	Hammond	Lake
Kolettis, John G.	Merrillville	Lake
Konicke, Thomas P.	Valparaiso	Porter
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	East Chicago	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Michigan City	LaPorte
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Ku, Marshall	Valparaiso	Porter
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Hammond	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, Richard	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion
Lacera, Donaldo	Hammond	Lake
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B. (S)	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert, Dennis M.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Langsam, Chas. L.	Evansville	Vanderburgh
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr. (S)	Wabash	Wabash
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lautzenheiser, Richard L.	Indianapolis	Marion
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Bradenton, Fla.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahy, Howard J.	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Domingo K.	Indianapolis	Marion
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmann, Dale E. Jr.	Evansville	Vanderburgh
Lehmberg, Otto F. C. (S)	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh

Name	City	County
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leman, Eugene	Merrillville	Lake
Leipold, Jon David	South Bend	St. Joseph
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	W. Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Holland	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leroy, Alvin G.	Tuscon, Ariz.	Madison
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, Wm. R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lilagan, Florentino R.	Olympia Fields, Ill.	Lake
Lind, Jaap J.	Lafayette	Tippecanoe
Lind, John D.	Middletown	Madison
Lindenborg, Paul G.	Indianapolis	Marion
Lindgren, Ivan T.	Aurora	Dearborn Ohio
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Gary	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W.	Gloucester, Mass.	Madison
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	APO, New York, N.Y.	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Lona, Marco A.	East Chicago	Lake
Long, Keith J.	Munster	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Longshore, Robert E.	Indianapolis	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Dyer	Lake
Lopez, Efran R.	Vincennes	Knox
Lopez, Santiago A.	Gary	Lake
Lorber, James W.	Shelbyville	Shelby
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Louden, Robert W.	Indianapolis	Marion
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, V. Logan	Fort Wayne	Allen
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luxenberg, Edwin R.	Logansport	Cass
Luzadder, John E.	Michigan City	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D. (S)	Evansville	Vanderburgh
Lynn, Gene E.	Indianapolis	Marion
Lyon, William C.	Fort Wayne	Allen
Lyons, Robert E.	Bloomington	Owen-Monroe
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake

M

MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce (S)	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
MacWilliams, Robert H.	Indianapolis	Marion
McAdams, Hugh B.	West Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, George J.	Indianapolis	Allen
McAleese, George B.	Terre Haute	Vigo
McAree, Francis E., Jr.	Indianapolis	Marion

Name	City	County
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, Noel S.	Terre Haute	Vigo
McBride, Wm.	Valparaiso	Porter
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCarthy, Jos. C.	Newburgh	Vanderburgh
McCarthy, Leo J.	Indianapolis	Marion
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Dan L.	Fort Wayne	Allen
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McCloud, L. C.	Jeffersonville	Clark
McClure, Clark	Valparaiso	Porter
McClure, Glen	Sullivan	Sullivan
McClure, Stanley E. (S)	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, Thomas L.	Muncie	Delaware-Blackford
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Melvin H.	Evansville	Vanderburgh
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McCurdy, Robert W.	Anderson	Madison
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, John E.	Zionsville	Marion
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeen, Charles L.	Bloomington	Owen-Monroe
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H. (S)	Omaha, Neb.	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R. (S)	Warren	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMeel, James	South Bend	St. Joseph
McNabb, Richard C.	Rushville	Rush
McNaughton, Lawrence	Crane	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Indianapolis	Marion
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McWilliams, William B. (S)	Liberty	Wayne-Union
Mabel, Thomas A.	Sumter, S.C.	Marion
Macatangay, Edelino L.	Ellettsville	Owen-Monroe
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madarang, Napoleon	Hammond	Lake
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Beech Grove	Marion
Mader, John H.	Richmond	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Munster	Lake
Madtson, A. Ricks	Indianapolis	Marion
Madura, James A.	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Maldia, Godofredo	Garrett	Allen
Malik, Rashidah B.	Munster	Lake
Malloy, Francis E., Jr.	Indianapolis	Marion
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Mammen, Harold W.	Indianapolis	Bartholomew-Brown
Manalo, F. S.	Marion	Grant
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangahas, Jovencio P.	Hammond	Lake
Mangahas, Violeta R.	East Chicago	Lake
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzanares, Austacio F.	Terre Haute	Vigo
Manzano, Edmundo	Gary	Lake
Manzie, Michael W.	Indianapolis	Marion
Marchand, Edwin V. (S)	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Morris C. (S)	Gary	Lake
Mark, George A.	Elkhart	Elkhart
Marks, Howard H.	Huntington	Huntington

Name	City	County
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Brown Bartholomew
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Freeman	Indianapolis	Marion
Martin, Hugh E.	Indianapolis	Marion
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martinez, N. A.	East Chicago	Lake
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masters, John M. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, Frank	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matibag, Victor P.	Jeffersonville	Clark
Matter, Milton, Jr.	Terre Haute	Vigo
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	Howe	LaGrange
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton (S)	Laconia	Harrison-Crawford
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Merrillville	Lake
Mead, Frank E.	La Porte	La Porte
Mealey, John. Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt. Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiser, Robert D.	Sun City, Ariz.	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Mejia, Ivan	Fort Wayne	Allen
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Memke, W. J.	Terre Haute	Vigo
Mendelson, Stanley M.	Kokomo	Howard
Mendez, Carlos (S)	Evansville	Vanderburgh
Mendoza, Felicisimo S.	Cambridge City	Fayette-Franklin
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mentendiek, Mary Ann	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Mericle, Earl W.	Indianapolis	Marion
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Sellersburg	Clark
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Meyers, William L.	Syracuse	Elkhart
Michael, Amos	Indianapolis	Marion
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Kokomo	Howard
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Milius, Elena	Gary	Lake
Millan, J. L.	Jeffersonville	Clark
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Earl Park	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen

Name	City	County
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Fort Wayne	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller, William J.	Lafayette	Tippecanoe
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Roann	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	Highland	Lake
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Minkin, Ronald	Munster	Lake
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Mirich, Ernest C.	Merrillville	Lake
Mirando, Conrado R. III	Richmond	Wayne-Union
Mirro, John A.	Merrillville	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Fred S.	E. Rolling Hills, Calif.	Marion
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, James	Bloomington	Owen-Monroe
Mitchell, John R.	Terre Haute	Vigo
Mitre, Isaac N.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Mohrs, Paul E.	Lafayette	Tippecanoe
Molengraft, Cornelius J.	Gary	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Merrillville	Lake
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, W. Foster	Washington, D.C.	Marion
Montoya, Henry E.	Indianapolis	Marion
Moon, Charles E.	Brazil	Clay
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Bicknell	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William C. (S)	Muncie	Delaware-Blackford
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moran, Thomas E.	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Moreira, Alvaro F.	Michigan City	LaPorte
Morey, Edwin E.	Fort Wayne	Allen
Morfa, Eladia M.	Gary	Lake
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, David L.	Logansport	Cass
Morrical, Russell J.	Logansport	Cass
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Morse, Robert P.	Indianapolis	Marion
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Mosbaugh, Phillip G.	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H. (S)	Land O'Lakes, Wis.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Mothersill, Mark H. (S)	Indianapolis	Marion
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F. (S)	Evansville	Vanderburgh
Mullen, James B.	Indianapolis	Marion
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Mullinix, F. Michael	Indianapolis	Marion
Munoz, Jose C.	Fort Wayne	Allen
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Musselman, Glen G.	Terre Haute	Vigo
Musselman, Lawrence K.	Marion	Grant
Musngi, Luciano P.	Kokomo	Howard
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	South Bend	St. Joseph
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion

N

Nagan, Robert F.	Indianapolis	Marion

Name	City	County
Nalley, James	Franklin	Johnson
Napper, Karl F.	South Bend	St. Joseph
Nason, Robert A.	Garrett	De Kalb
Nasr, Amin T.	Portland	Jay
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Naval, Joventino	North Liberty	St. Joseph
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Jeffersonville	Clark
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Bryon	Columbus	Bartholomew-Brown
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Kerry J.	Evansville	Vanderburgh
Newman, Milton A.	Logansport	Cass
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Ng, Anastacio	Indianapolis	Marion
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nicols, Robert D.	Bluffton	Wells
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noblitt, James S. (S)	Rockville	Parke-Vermillion
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolin, Richard T.	Indianapolis	Marion
Nolting, Henry F. (S)	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Norman, William H.	Indianapolis	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
North, E. H. Jr.	Batesville	Ripley
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Noveroske, Richard John	Evansville	Knox
Novy, Charles A.	Garrett	De Kalb
Nowlin, William F.	Gary	Lake
Nugent, Edwin J.	Indianapolis	Marion
Nunez, Gilbert T.	Hammond	Lake
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo

O

Oak, David D., Jr.	Hanna	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Odulio, Benito	Mitchell	Lawrence
Odulio, Burnhilda	Mitchell	Lawrence
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Ojha, Brij. B.	Elkhart	Elkhart
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Oldham, Alberta K.	Indianapolis	Marion
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Merrillville	Lake
Olvey, Ottis N.	Indianapolis	Marion
Olvey, Stephen E.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
O'Neill, Martin J., Jr.	Valparaiso	Porter
Ong, Tiong G.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Merrillville	Lake
O'Rourke, Carroll (S)	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Valparaiso	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overly, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E. (S)	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford
Owsley, William	Newport Beach, Calif.	Delaware-Blackford
Ozsezen, Bulent A.	Evansville	Vanderburgh

P

Pace, Jerome V. (S)	Fort Myers Beach, Fla.	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart

Name	City	County
Page, Oliver W., Jr.	Indianapolis	Marion
Paine, George E.	Elkhart	Elkhart
Paik, Bo Wook	Mishawaka	St. Joseph
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Paje, Alfredo Q.	Greensburg	Decatur
Palen, James E.	Evansville	Vanderburgh
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Terre Haute	Vigo
Pangan, Zanita A.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Merrillville	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia (S)	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert Lowell	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patel, Pulkit J.	Terre Haute	Vigo
Patheja, Surjit S.	Valparaiso	Porter
Patterson, Jack W.	Fort Wayne	Allen
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B.(S)	South Bend	St. Joseph
Pavelka, Ronald P.	Madison	Jefferson-Switzerland
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B. (S)	Southport	Marion
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Robert M.	Indianapolis	Marion
Pearce, Roy V.	Terre Haute	Vigo
Pearce, William L.	Columbus	Bartholomew-Brown
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Clearwater, Fla.	Marion
Pearson, William E.	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr. (S)	Tuscon, Ariz.	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Muncie	Delaware-Blackford
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Pepple, W. David	Fort Wayne	Allen
Perez, Cesar R.	Carmel	Marion
Perez, Helio C.	Indianapolis	Marion
Perez, Hilda A.	Carmel	Marion
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Pesarillo, Servando N.	Kokomo	Howard
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfeiler, Robert	Anderson	Madison
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Merrillville	Lake
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, William J.	Bruceville	Daviess-Martin
Pierret, Guy P.	Fort Wayne	Allen
Pierson, Howard	Merrillville	Lake
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pillai, Vijavan V.	Bedford	Lawrence
Pilot, Jean	Hammond	Lake
Pippenger, Wayne G.	Muncie	Delaware-Blackford
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph

Name	City	County
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pless, John Edward	Bedford	Lawrence
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Pollack, Seymour L.	New Castle	Henry
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Valparaiso	Porter
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Edward A. (S)	Westport	Decatur
Porter, George S.	Richmond	Wayne-Union
Porter, John R.	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Potter, Brian	Michigan City	LaPorte
Poulosk, James T.	Lafayette	Tippecanoe
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powers, William R.	Lyons	Greene
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian	Michigan City	LaPorte
Premuda, Franklin F.	Hammond	Lake
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, David W.	Indianapolis	Marion
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Pride, Glenn L.	Indianapolis	Marion
Priddy, Marvin E.	Fort Wayne	Allen
Probst, Edward L.	Columbus	Bartholomew-Brown
Proos, John M. III	Indianapolis	Marion
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson
Pruitt, Donald	Princeton	Gibson
Pruitt, Jacob E.	Merrillville	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, William	Bloomington	Owen-Monroe
Pugh, Willis L.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H. (S)	Wolcottville	Noble
Purcell, Lawrence T.	Bluffton	Wells
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D. (S)	South Bend	St. Joseph
Pyle, Susan K.	Union City	Randolph
Q		
Quakenbush, John	Kokomo	Howard
Quiambao, Hector S.	Ridgeville	Randolph
Quick, William J.	Muncie	Delaware-Blackford
Quigley, George J.	Indianapolis	Marion
Quigley, Joseph B.	Indianapolis	Marion
Quigley, Joseph W.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart
R		
Rabasa, Rafael	Mishawaka	St. Joseph
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Radcliffe Lee E.	Wolcott	Vanderburgh
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Merrillville	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Rahdert, Richard	Lafayette	Tippecanoe
Rajachar, Mathikere R.	Marion	Grant
Raju, S. Gopal	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramaprakash, H. N.	Ft. Wayne	Grant
Ramirez, Efren A.	Indianapolis	Marion
Ramirez, Raquel A.	Valparaiso	Porter
Ramker, Daniel T.	Hammond	Lake
Ramos, John C.	East Chicago	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Randall, Thomas A.	Lafayette	Tippecanoe
Raney, Ben B.	Linton	Greene
Raney, Robert D.	Terre Haute	Cass
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Rankin, Francis E.	Gary	Lake
Ransburg, Robert C.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Raymundo, Luciano	Munster	Lake
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Paul E.	Jeffersonville	Floyd
Receveur, Robert	New Albany	Floyd
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, James C.	Elkhart	Elkhart
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Philip B.	St. Petersburg, Fla.	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Columbus	Bartholomew-Brown
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Hammond	Lake
Reedy, Richard L.	Muncie	Delaware-Blackford

Name	City	County
Rees, Russel C.	Indianapolis	Marion
Reeve, Bryce L.	Whiting	Lake
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Indianapolis	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Remo, John W.	Lafayette	Tippecanoe
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Renforth, William	Connersville	Fayette-Franklin
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reul, George M.	Kokomo	Howard
Reuter, John W.	Bedford	Lawrence
Reyes, Diego C.	Peru	Miami
Reyes, O. J.	Huntington	Huntington
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rezvan, Nader	Bloomington	Owen-Monroe
Rhamy, Arthur P. (S)	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rhynearson, William R.	Fortville	Hancock
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M. (S)	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Steuben
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E.	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, Joseph H.	Fort Wayne	Allen
Richart, James V. (S)	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Merrillville	Lake
Ridgway, Alton H.	Lapel	Madison
Ridolfo, Anthony S.	Zionsville	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Riehl, Richard	Jeffersonville	Clark
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Norfolk, Va.	Marion
Rimel, James F.	Plymouth	Marshall
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Rinne, John I. (S)	Bradenton, Fla.	Madison
Riordan, John F.	Valparaiso	Porter
Ripley, John W.	Seymour	Jackson-Jennings
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W.	Franklin	Johnson
Ritter, Merrill A.	Indianapolis	Marion
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivera, Ofray-Crispulo	Sellersburg	Clark
Rivers, Glynn A.	Muncie	Delaware-Blackford
Rivers, Thomas A.	Griffith	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U., Jr.	Indianapolis	Marion
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Walter K.	Naperville, Ill.	Lake
Robison, Roger F.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Rodin, H. H.	South Bend	St. Joseph
Rodriguez, Claveria P.	Richmond	Wayne-Union
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Merrillville	Lake
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romain, Louis F.	Fort Wayne	Allen
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H. (S)	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Ros, George A.	Warsaw	Kosciusko
Rosales, Marina N.	Highland	Lake
Rose, Robert E.	Spencer	Owen-Monroe
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J. (S)	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo

Name	City	County
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Munster	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Edward	Indianapolis	Marion
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton (S)	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Rowe, George A.	Huntsville, Ala.	Marion
Royer, John D.	Anderson	Madison
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Simon S.	Gary	Lake
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudical, Max H.	Daleville	Delaware-Blackford
Rudicel, Max	Kokomo	Howard
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, R. A.	Muncie	Jay
Rudolph, Stephen J., Jr.	Dover, Del.	Marion
Rudser, Donald H.	Whiting	Lake
Rudwell, George H.	Jeffersonville	Clark
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Rule, Ned P.	Evansville	Vanderburgh
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Evansville	Vanderburgh
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Fort Wayne	Allen
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	Battleground	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K.	Sarasota, Fla.	Marion
Rust, Roland B.	Indianapolis	Marion
Ruth, Martin L. (S)	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown

S

Saavedra, Bernardo	Gary	Lake
Sabens, James A.	Indianapolis	Marion
Sablay, Nonito M.	Fond Du Lac, Wis.	Vigo
Sabo, Wm. J.	Hammond	Lake
Safavan, Efandiar	Terre Haute	Vigo
Safirstein, Moises	Fort Wayne	Allen
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salama, Fawzy	Evansville	Vanderburgh
Salazar, Luis	South Bend	St. Joseph
Sales, Avelino T.	Indianapolis	Marion
Salb, John P.	Jasper	Dubois
Salon, Harry W. (S)	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Salvo, At S.	Williamsport	Fountain-Warren
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	New Augusta	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B. (S)	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Sangalang, Zenaida	Bedford	Lawrence
Santare, Vincent J.	Munster	Lake
Santelices, Vivente B.	Fort Wayne	Allen
Saperstein, Morris	Indianapolis	Marion
Sar Kar, Anil K.	Evansville	Vanderburgh
Sato, Takuya	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sauer, John B.	Indianapolis	Marion
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scanlon, John C.	Lafayette	Tippecanoe
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D. (S)	Jamestown	Boone
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheidler, James A.	Indianapolis	Marion
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Manley	Oxford	Benton
Schiefer, Hildegard	Martinsville	Owen-Monroe
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh

Name	City	County
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmiedicke, Paul H. (S)	W. Lafayette	Tippecanoe
Schmitt, Richard K. (S)	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Munster	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Esther	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schuchman, Harvey A.	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Bloomington	Owen-Monroe
Schulz, Kurt J.	Fairmont, Minn.	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Schwarz, Anton J. F.	Zionsville	Marion
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Charlottesville	Hancock
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Merrillville	Lake
Scully, William E.	Terre Haute	Vigo
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Sears, Don A.	Odon	Daviess-Martin
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Segundo, R. Sera	Bedford	Lawrence
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	Notre Dame	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Semerdjian, Aram	Gary	Lake
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Serna, Carlos A.	Highland	Lake
Serrano, Jose F.	Munster	Lake
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Henry
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Cape Coral, Fla.	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Gary	Lake
Shapiro, Seymour W.	Merrillville	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shaw, Glenn R.	Bluffton	Wells
Shaw, Houston W.	Jeffersonville	Clark
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, S.D.	Allen
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Shevick, Alexander	Valparaiso	Lake
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinn, Gloria L.	Bluffton	Wells
Shinabery, Lawerence (S)	Fort Wayne	Allen
Shipley, Edward	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union

Name	City	County
Short, John T. (S)	Fort Wayne	Allen
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Bluffton	Wells
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	De Kalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidebottom, Earl W.	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simms, James Leon	Indianapolis	Marion
Sims, L. W.	Evansville	Vanderburgh
Sims, J. Lawrence	Indianapolis	Marion
Singco, Bienvenido	Greenfield	Hancock
Singer, Ralph C.	Carmel	Marion
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Rose D.	Terre Haute	Vigo
Sison, Vicente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skidmore, Charles E.	Wolcott	White
Skillern, Scott D.	South Bend	St. Joseph
Sklenarz, Krystyna	Chicago, Ill.	Lake
Skomp, Claud E.	Marion	Grant
Slama, George F.	Merrillville	Lake
Slama, John T.	Merrillville	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Slifer, E. Doyle	Franklin	Johnson
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Sluss, David H. (S)	Indianapolis	Marion
Small, George	Greenwood	Johnson
Smith, A. Wilson	Columbus	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David E.	Indianapolis	Marion
Smith, David L. (S)	Indianapolis	Marion
Smith, E. Rogers (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Francis C. (S)	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, Jerald E.	Munster	Lake
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lee	South Bend	St. Joseph
Smith, Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Theodore J. (S)	Sarasota, Fla.	Lake
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank	Wabash	Wabash
Snapp, Richard A.	Columbus	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snider, Byron (S)	Escondido, Calif.	Marion
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Clarence	Washington	Daviess-Martin
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyder, Richard J.	Muncie	Delaware-Blackford
Snyderman, Sanford C.	Fort Wayne	Allen
So, James	Chicago, Ill.	Lake
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Whiting	Lake
Solis, Roger V.	Hammond	Lake
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorrells, George W.	Bedford	Lawrence
Sotolongo, Eladio	Indianapolis	Marion
Souder, Bonnell M. (S)	Auburn	De Kalb
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
Sovine, Joe W.	Indianapolis	Marion
Sowa, Elizabeth	Evansville	Vanderburgh
Sowa, Ronald W.	Evansville	Vanderburgh
Spahr, Donald E.	Sarasota, Fla.	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Spellman, Frank W.	Gary	Lake
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W. (S)	Cassopolis, Mich.	St. Joseph
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Robert D.	Shelbyville	Shelby

Name	City	County
Spivack, Mary (S)	Van Nuys, Calif.	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H. (S)	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Morgan
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steichen, James B.	Indianapolis	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stemmer, August L.	Munster	Lake
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stilwell, William R.	Richmond	Wayne-Union
Stimson, Harry	South Bend	St. Joseph
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Robt. K.	Carmel	Marion
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Indianapolis	Marion
Stoller, Harry J.	South Bend	Marshall
Stoller, Leon J.	Evansville	Vanderburgh
Stoltz, Robert M.	Valparaiso	Porter
Stoltzfus, Glenn B.	Goshen	Elkhart
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion
Stone, Robert C.	Ligonier	Noble
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stovall, Alfred	Fort Wayne	Allen
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W. (S)	Lafayette	Tippecanoe
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Swihart, Danny D.	Elkhart	Elkhart
Swihart, Homer R.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Sylbert, Philip	South Bend	St. Joseph
Symmes, Alfred T.	Indianapolis	Marion
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion

Name	City	County
T		
Tabaka, Francis B.	La Porte	La Porte
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Talley, Terry W.	Evansville	Vanderburgh
Tan, Eugenio N.	Bedford	Lawrence
Tanner, Martha J.	Bedford	Lawrence
Tanrikulu, Oran	Hammond	Lake
Tapley, Dwight L.	South Bend	St. Joseph
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, Thomas B.	Shelbyville	Shelby
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ames R.	Mishawaka	St. Joseph
Templeton, Ian S.	Seymour	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David	Culver	Marshall
Tepper, Milton	Indianapolis	Marion
Tepinsky, Louis L.	East Chicago	Lake
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Thegze, George A.	East Chicago	Lake
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Greenfield	Hancock
Thomas, Charles R.	Indianapolis	Marion
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, John R.	Fort Wayne	Allen
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Chanute AFB, Ill.	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Pompano Beach, Fla.	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Marion	Grant
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thurston, Floyd E.	Bloomington	Owen-Monroe
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tignor, Sterling P.	Kokomo	Howard
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	Mishawaka	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomlinson, Jerry A.	Marion	Grant
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Tord, Jose N.	Indianapolis	Marion
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J.	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Troyer, Weldon	Goshen	Elkhart
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, H. Marshall	Indianapolis	Marion
Trusler, Harold M. (S)	Temple, Texas	Marion
Tuason, Leo B.	Martinsville	Morgan
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Merrillville	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna Goss (S)	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, James W.	Bloomington	Owen-Monroe
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Frank T. (S)	New Albany	Floyd

Name	City	County
Tyndall, J. Phillip	Fort Wayne	Allen
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Hammond	Lake

U

Ufkes, C. Herbert (D.O.)	No. Judson	Starke
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Underhill, Gary E.	Evansville	Vanderburgh
Underwood, George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Urbanski, Walter P.	Highland	Lake
Urruti, Arnoldo H.	South Bend	St. Joseph

V

Vagner, S. Bernard	South Bend	St. Joseph
Valderrama, Hugo	Munster	Lake
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Merrillville	Lake
Valenzuela, Sofia S.	Merrillville	Lake
Valle, Santiago	Evansville	Vanderburgh
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Vance, William C.	Terre Haute	Vigo
Van Campen, Warren M.	Indianapolis	Marion
Vancil, Martin E.	Evansville	Vanderburgh
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Franklin	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Hove, Eugene D.	Indianapolis	Marion
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Veluz, Mario I.	Gary	Lake
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo F.	Los Angeles, Calif.	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Vieira, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Villaflor, Mirasol D.	Elgin, Ill.	Lake
Villanueva, Onofre Q.	Fort Wayne	Allen
Vincent, William A.	Evansville	Vanderburgh
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E	New Castle	Henry
Vizcarra, Ruben F.	Logansport	Cass
Vlaskamp, Elaine	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	East Chicago	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

W

Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Waddell, J. Ronald	Evansville	Vanderburgh
Wade, Reynolds W.	New Haven	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Oakland, Calif.	Elkhart
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, J. E.	Lafayette	Tippecanoe
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Wahle, Wm. M.	Indianapolis	Marion
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Waiss, Elaine H.	Valparaiso	Lake
Wait, Jerome H.	Columbia City	Whitley
Wait, Raymond B.	Evansville	Vanderburgh
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer (S)	Indianapolis	Marion
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	Bloomington	Owen-Monroe
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Richmond	Wayne-Union
Wang, Tieh C.	Munster	Lake
Warbinton, Fred P.	Crawfordsville	Montgomery
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, Herbert E.	Muncie	Delaware-Blackford
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warn, William J.	Milan	Ripley
Warner, Theo. M. II	Indianapolis	Marion
Warneke, Charles H.	Indianapolis	Marion
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L. (S)	Edwardsburg, Mich.	St. Joseph

Name	City	County
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Watson, Leo G.	Kokomo	Howard
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weaver, Dorothy E.	Indianapolis	Marion
Webb, Harry D.	Anderson	Madison
Webb, Joan L.	New Castle	Henry
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, Michael K.	Indianapolis	Marion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Steven A.	Franklin	Johnson
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Weida, Jerry M.	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinland, George C.	Columbus	Bartholomew-Brown
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Merrillville	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Eugene	South Bend	St. Joseph
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welborn, Mell B. Jr.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Weninger, Donald L.	Michigan City	LaPorte
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westfall, B. Kemper	Indianapolis	Marion
Westhaysen, Peter V.	Munster	Lake
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
Whitlock, Merle E. (S)	Mishawaka	St. Joseph
Wiatt, Leonard H.	New Castle	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wideman, Frederick	Merrillville	Lake
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkenson, Roger L.	Anderson	Madison
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	LaGrange	LaGrange
Willardo, Albert T.	Hammond	Lake
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willman, Joe	Gaston	Delaware-Blackford
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Wilms, John H.	Lafayette	Tippecanoe
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman J.	Gary	Lake
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H. (S)	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winebrenner, John D.	Evansville	Vanderburgh
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Indianapolis	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wissman, William L.	Columbus	Bartholomew-Brown
Wixted, John F. (S)	South Bend	St. Joseph

Name	City	County
Wixted, Julia L.	South Bend	St. Joseph
Woerner, Jean	Indianapolis	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Owensville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Chesterton	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Workman, Barbara E.	Muncie	Delaware-Blackford
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wray, James B.	Indianapolis	Marion
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, J. Wm., Jr.	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wylie, Robert R.	Hobart	Lake
Wyttenbach, John E. (S)	Indianapolis	Marion

Y

Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Merrillville	Lake
Yaw, Peter B.	Indianapolis	Marion
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yingling, Robert J.	Indianapolis	Marion
Yocum, Paul S., Sr.	Coral Gables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Johnathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, Eusebio C.	Indianapolis	Marion
Young, George M.	Griffith	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, P. N.	LaPorte	LaPorte
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange
Yuhn, Robert B.	Elkhart	Elkhart

Z

Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Ft. Benning, Ga.	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	East Chicago	Lake
Zook, Elvin G.	Indianapolis	Marion
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Gary	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

HONORARY MEMBERS

Ansbacher, Stefan, Sc.D., P. O. Box 867, Marion.
Murray, Dwight, M.D., Napa, Calif.
Waggener, James A., Executive Secretary, Indianapolis.

Notice to Indiana Physicians

MEDICAL REGISTRATION 1972-1974

The Board of Medical Registration and Examination will be sending registration notices for the 1972-74 biennial registration. These notices will be sent out in June 1972 with expiration of payment August 31, 1972. The Board of Medical Registration is issuing receipts with the Board seal for the 1972-74 registration in lieu of registration cards, as ordered by the State Board of Accounts.

The notices will be sent to the last address as in our files. If you do not receive the notice on account of a change of address, please send in your registration fee and your latest address during this period of July 1-August 31, 1972, so that your license may remain current.

Joseph D. O'Brien, Adm.
Board of Medical
Registration and Examination
1330 W. Michigan St., Rm. A412
Indianapolis, Ind. 46206

MEDICAL SPECIALTIES

The following Specialties, including General Practice, are recognized by the American Medical Association

ADM	Administrative Medicine
A	Allergy (sub-specialty of Internal Medicine)
ANES	Anesthesiology
AM	Aviation Medicine (special field of Preventive Medicine)
CD	Cardiovascular Disease (sub-specialty of Internal Medicine)
CHP	Child Psychiatry (sub-specialty of Psychiatry)
D	Dermatology
DR	Diagnostic Roentgenology (special field of Radiology)
FOP	Forensic Pathology (special field of Pathology)
GE	Gastroenterology (sub-specialty of Internal Medicine)
GP	General Practice
GPM	General Preventive Medicine (special field of Preventive Medicine)
GS	General Surgery
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
OBG	Obstetrics and Gynecology
OM	Occupational Medicine (special field of Preventive Medicine)
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy (sub-specialty of Pediatrics)
PDC	Pediatric Cardiology (sub-specialty of Pediatrics)
PMR	Physical Medicine and Rehabilitation
PR	Proctology
PS	Plastic Surgery
P	Psychiatry
PH	Public Health (special field of Preventive Medicine)
PUD	Pulmonary Diseases (sub-specialty of Internal Medicine)
R	Radiology
SR	Scientific Research
TR	Therapeutic Radiology (special field of Radiology)
TS	Thoracic Surgery
U	Urology
00	Unspecified (retired, not in practice, no specialty reported)

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership.

(Paid-up members of the Indiana State Medical Association as of May 1, 1972.)

ADAMS COUNTY

Berne

(*Zip Code* 46711)

Beaver, Norman E.....165 W. Water St. (GP)
Boze, Robert L. 265 W. Water St. (GS)
Dester, Herbert E. (S).....424 Compromise St. (GP)

Decatur

(*Zip Code* 46733)

Burk, James M.....115 N. Third St. (GP)
Carroll, John C.....226 S. Second St. (GP)
Doan, John E.....222 S. Second St. (GP)
Girod, Arthur H.....203 N. 12th St. (GP)
Kohne, Gerald J.....134 S. Third St. (GP)
Parrish, Richard K.....238 S. Second St. (OPH)
Reppert, Roland L.....222 S. Second St. (GP)
Rich, Norval S.....230 S. Second St. (GP)
Zwick, Harold F.....227 S. Second St. (GP)

ALLEN COUNTY

Fort Wayne

(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K.....3610 Brooklyn Ave. (07) (GP)
Adams, E. Wade.....3124 E. State Blvd. (05) (PD)
Ahlbrand, Roland C.....4820 Chaucer Rd. (05) (GP)
Aiken, Arthur F.....3010 E. State Blvd. (05) (GP)
Aiken, Nevin E.....3010 E. State Blvd. (05) (GP)
Aldred, Allen W.....3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest..4349 S. Anthony Blvd. (06) (GP)
Anderson, Garland D.....5110 N. Clinton (05) (GP)
Andrew, Jerald L...5717 S. Anthony Blvd. (06) (GP)
Arata, James A.....2802 E. State Blvd. (05) (R)
Arata, Justin E.....3124 E. State Blvd. (05) (GS)
Ashman, William C...2902 S. Fairfield Ave. (07) (PD)
Aust, Charles H.....Lutheran Hospital (PATH)

B

Bahr, Robert E.....3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S).....1840 Pemberton Drive (02) (U)
Ball, John R.....Three Rivers East, Suite 108 (02) (GS)
Ball, Margaret Jane....13434 Aboite Center Rd. (ADM)
Baltes, Joseph H.....821 Broadway (02) (GP)
Barch, John W.....1301 S. Harrison St. (02) (OM)
Bash, Wallace E.....2902 Fairfield Ave. (07) (PD)
Bauman, Richard L.....700 Broadway (02) (R)
Baumgartner, Jeraldine....515 W. Wayne St. (02) (GP)
Beams, Ralph H...715 Medical Center Bldg. (02) (OPH)
Beierlein, Karl M. (S).....2716 Butler Rd. (OO)
Beights, Raymond S.....3310 E. State Blvd. (05) (GP)
Berghoff, James R.....3702 Rupp Dr. (05) (GP)
Beutler, Theodore V.....527 W. Berry St. (02) (U)
Bierman, Gilbert H.....717 Broadway (02) (ORS)
Billingsley, John S.....2902 Fairfield Ave. (07) (R)
Bixler, James A.....3124 E. State St. (05) (OPH)
Blichert, Peter A.
Three Rivers North, Suite 108 (02) (OBG)
Bolander, James E....3302 Chevolt Dr. Apt. 1 (06) (GP)
Bollheimer, Don A..623 Medical Center Bldg. (02) (OPH)
Bossard, John W...Lake-Maycrest Med. Bldg. (05) (NS)
Bower, Richard E.....3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T.....3000 Circumurban Blvd. (05) (ADM)
Bowers, George W.....2902 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)....418 Gettle Bldg. (02) (GS)
Brandt, William E.....618 W. Berry St. (02) (GS)
Braunlin, Robert J.....5110 N. Clinton (05) (OTO)
Bridges, William L..520 Medical Center Bldg. (02) (R)
Bromley, Luman W.
600 Medical Center Bldg. (02) (ORS)
Brosius, Robert H. W.....1603 Wells St. (08) (GP)
Brown, Frederic W.....2609 Fairfield Ave., (07) (ORS)
Brown, Garland R.....5522 Hamilton Rd. (09) (R)
Brucker, Perry A.
Three Rivers East, Suite 107 (02) (GS)
Bryan, Franklin A....700 Indiana Bank Bldg. (02) (IM)
Bucholz, James G.....2609 Fairfield Ave. (07) (ORS)
Buckner, George D.....1003 Fulton St. (02) (GS)

C

Cast, William R.....4138 S. Harrison St. (07) (OTO)
Chambers, Alan R.
Three Rivers East, Suite 103 (02) (GP)
Chambers, Donald C.....1301 S. Harrison (02) (ADM)
Chase, James A.....1635 Broadway (04) (OM)
Clark, William R.....3622 S. Calhoun St. (07) (GP)
Clark, William R., Jr.....710 W. Wayne St. (04) (IM)
Close, Frederick W.....3024 Fairfield Ave. (07) (OTO)
Cochran, Harry A., Jr...1301 S. Harrison St. (02) (OM)
Conley, John E. (S).....620 W. Berry St. (02) (GP)
Connelly, Jerry.....4306 Lake Ave. (05) (GP)
Connelly, Richard D.....4310 Lake Ave. (05) (GP)
Cooney, Charles J.....527 W. Berry St. (02) (U)
Cottrell, Robert F.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Craig, Richard M.....2902 Fairfield Ave. (07) (R)
Cuff, Steve C.....700 W. Berry St. (02) (PD)
Culp, John E.....2902 Fairfield Ave. (07) (IM)

D

Datzman, Richard C.
520 Medical Center Bldg. (02) (R)
Dauscher, Dean D.....5717 S. Anthony Blvd. (06) (GP)
Donesa, Antonio B.....3030 Lake Ave. (05) (NS)
Dormire, Robert D....520 Medical Center Bldg. (02) (R)
Dunstone, H. Carter
Three Rivers East, Suite 105 (02) (P)

E

Elston, Lynn W. (S).....7716 S. Hanna St. (06) (OO)
Elston, Ralph W. (S)....2305 Randall Rd. (04) (GS)
Epps, James H.....2330 Beacon St. (05) (ANES)

F

Farquhar, John S., Jr.....3610 Brooklyn Ave. (07) (GP)
Felger, T. A.....5717 S. Anthony Blvd. (06) (GP)
Ferguson, Arthur N. (S)..2902 Fairfield Ave. (07) (OO)
Fiacable, Joseph P.....347 W. Berry (02) (P)
Fichman, Abraham M. (S).. 323 W. Berry St. (02) (GS)
Flaherty, Robert A.....2902 Fairfield Ave. (07) (R)
Fox, Richard F.....2902 Fairfield Ave. (07) (R)
Foy, Thomas D.....1104 W. State Blvd. (08) (GP)
Franke, Gordon R.....3010 E. State St. (05) (GP)
Frankhouser, C.M.A., Jr.
519 Medical Center Bldg. (02) (PATH)
Fullam, Richard G.
Indiana Bank Bldg., Suite 725 (02) (ANES)

G

Garton, Harry W. (S)
6530 Covington Rd., 129-A (04) (OO)
Gastineau, David C.
520 Medical Center Bldg. (02) (R)
Gentile, Jonathan Paul.....5110 N. Clinton (05) (GS)
Gerding, William J.....5110 N. Clinton (05) (GP)
Giffin, Charles S...102 Medical Center Bldg. (02) (OTO)
Gize, Raymond W...520 Medical Center Bldg. (02) (GP)
Glassley, Stephen H.....3010 E. State Blvd. (05) (GP)
Glock, Maurice E.....229 Medical Center Bldg. (02) (IM)
Glock, Steven R.....5050 N. Clinton St. (05) (ORS)

Goebel, Carl W.....327 W. Creighton Ave. (07) (PD)
Gould, John C.....2424 Fairfield Ave. (07) (OBG)
Graham, George M.....1301 S. Harrison St. (02) (IM)
Graham, James C.....1834 S. Lafayette (03) (GP)
Green, Robert F.....614 W. Berry St. (02) (P)
Greenlee, Robert L...227 E. Washington St. (02) (CHP)
Griest, Walter D.....3024 Fairfield Ave. (04) (PATH)
Griffith, Harold R...520 Medical Center Bldg. (02) (R)
Gumbert, Jack L.....5010 Riviera Ct. (05) (GS)

H

Hackett, Walter G.....3610 Brooklyn Ave. (07) (GP)
Haffner, Herman G.....202 E. Jefferson St. (02) (D)
Halaby, Fouad A.....700 W. Berry St. (02) (R)
Haley, Alvin J.....3217 Lake Ave. (05) (GP)
Hall, William R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Haller, Richard C.....3124 E. State Blvd. (05) (N)
Hamilton, Emory D.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Hamilton, George M.....3124 E. State Blvd. (05) (IM)
Harris, James J.....5717 S. Anthony (06) (GP)
Hasewinkle, August M...2828 E. State Blvd. (05) (IM)
Hastings, Warren C.....2120 Carew St. (05) (NS)
Hattendorf, Anton P.
716 Medical Center Bldg. (02) (PR)
Havens, Russell E.
228 Medical Center Bldg. (02) (ANES)
Herendeen, Thomas L.....3124 E. State Blvd. (05) (GS)
Herrera, Vivencio A.....1417 N. Anthony (05) (PUD)
Hershberger, Philip G....2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M.....3217 Lake Ave. (05) (GP)
Hillery, Robert L.....5110 N. Clinton (05) (GP)
Hoffman, Arthur F.
Three Rivers North, Suite 105 (02) (ANES)
Hoog, John M.....1617 Kensington Blvd. (05) (U)
Hoover, Joseph R.....3610 Brooklyn Ave. (07) (GP)
Howe, Fordyce L.....2330 Beacon St. (05) (GP)
Hull, DeWayne L.
Three Rivers East, Suite 107 (02) (PS)

I

Irmscher, George W...3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M.....2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F...3124 E. State Blvd. (05) (OTO)

J

Jackson, John F.....5315 Cloverbrook Dr. (06) (ANES)
Johnston, Richard M.....2533 Bellevue Dr. (25) (ANES)
Jontz, Joe G.....3124 E. State Blvd. (05) (GS)
Jontz, Richard L.....520 Medical Center Bldg. (02) (R)
Juergens, Richard B.....1724 Prairie Lane (08) (GP)
Jurgensen, Walter T.....3610 Brooklyn Ave. (07) (GP)

K

Kachmann, Rudy.....2902 Fairfield Ave. (07) (NS)
Karol, Herbert J.
Three Rivers East, Suite 103 (02) (U)
Kaufman, Julian R.....3030 Lake Ave., (05) (IM)
Keck, Carleton Allen...2902 Fairfield Ave. (07) (OPH)
Kent, Richard N.....327 Medical Center Bldg. (02) (IM)
Keyes, Robert C.....131 E. Tillman Rd. (06) (PD)
Kidder, Orva Thurl (S)
Irene Byron Hospital (08) (ADM)
Kilgore, Byron
Three Rivers East, Suite 106 (02) (P)
Kimbrough, Robert F...2730 E. State Blvd. (05) (ORS)
Kleifgen, William A.....446 W. Pontiac St. (07) (GP)
Kleopfer, Ronald G.....5050 N. Clinton St. (05) (ORS)
Klooze, Kenneth W.....3610 Brooklyn (07) (GP)
Knight, Lewis W.....3124 E. State Blvd. (05) (OBG)
Krueger, John E...5717 S. Anthony Blvd. (06) (GP)
Kruse, Walter E. (S).....410 McKinnie (06) (GP)

L

Ladig, Donald S.....3610 Brooklyn Ave. (07) (GP)
Laker, Gene C.....2407 Fairoak Dr. (07) (GP)
Laker, Richard J.....2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H.....2902 Fairfield Ave. (07) (OBG)
Laycock, Richard M.....6642 St. Joe Rd. (05) (GP)
Lee, John W.....5050 N. Clinton St. (05) (ORS)
Leming, Ben L.....2902 Fairfield Ave. (07) (GS)
Lenk, George G.....1805 E. Washington St. (04) (GP)
Lloyd, Robert P.....723 Fulton St. (02) (GS)
Logan, Richard S.....3124 E. State Blvd. (05) (D)
Lohman, Robert M.....4017 S. Wayne St. (06) (GP)
Lorman, James G...520 Medical Center Bldg. (02) (R)
Love, Vincent L.....1301 Harrison St. (02) (IM)
Luckey, James E.
Three Rivers North, Suite 105 (02) (ANES)
Lyon, William C.....710 W. Wayne St. (04) (P)
Lyster, Richard F.....3512 Maxim Dr. (05) (ORS)

M

McCallister, John W.....3124 E. State Blvd. (05) (GS)
McCaslin, Dan L.....1301 S. Harrison St. (07) ((R)
McCoy, Roy R.....3701 S. Harrison St. (07) (GP)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G.....2424 Fairfield Ave. (07) (GS)
Mackel, Frederick O.....2609 Fairfield Ave. (07) (ORS)
Mann, Richard E.....3124 E. State Blvd. (05) (P)
Manning, George C.....534 W. Berry St. (02) (NS)
Mastrangelo, Michael J
Three Rivers East, Suite 104 (02) (TS)
Mejia, Ivan.....2509 Bolton St. (05) (ANES)
Mensch, James R...2120 Forest Park Blvd. (08) (ANES)
Mercer, Samuel R...710 Medical Center Bldg. (02) (D)
Meyer, Herman A.....1030 W. Wayne St. (04) (GP)
Meyer, Theodore O.
622 Medical Center Bldg. (02) (OPH)
Michaelis, Stephen C.....3610 Brooklyn Ave. (07) (GP)
Miller, Don E.....2902 Fairfield Ave. (07) (IM)
Miller, Edward D.....3030 Lake Ave. (05) (OPH)
Miller, H. Paul.....2715 Broadway (07) (GP)
Miller, Orval J.....1810 Kensington Blvd. (05) (GP)
Miller, Richard H.....511 W. Wayne St. (02) (GS)
Miller, Robert B.....3124 E. State Blvd. (05) (OTO)
Miller, Wayne Starr.....104 Three Rivers East (GS)
Miller, William J.....2902 Fairfield Ave. (07) (IM)
Moats, Carl F.....4007 W. Wayne St. (04) (GP)
Moats, George E. (S)
617 E. Washington St. (02) (GP)
Moeller, Victor C.....2424 Fairfield Ave. (07) (GP)
Morey, Edwin E.....2902 Fairfield Ave. (07) (OBG)
Morgan, Milton M.....1147 S. Lafayette St. (02) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OTO)
Munoz, Jose C.....5025 Treumper Way (09) (P)

N-O

Nill, John H.....5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R.....5717 S. Anthony Blvd. (06) (GP)
Oatman, Jack G.
Indiana Bank Bldg., Suite 710 (02) (P)
O'Brian, John F.....3217 Lake Ave. (05) (GP)
O'Rourke, Carroll (S).....604 W. Berry St. (02) (OTO)

P

Painter, Donald S...222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M.....700 Broadway (02) (PATH)
Pancner, Ronald J.
1912 Ft. Wayne Nat'l Bank Bldg. (02) (P)
Parker, Carey B. (S)..1105 S. Harrison St. (02) (GP)
Parrot, Donald J.....810 W. State Blvd. (08) (GP)
Patterson, Jack W.....6211 Covington Rd. (04) (GS)
Pearson, Huey L.....2314 S. Hanna (03) (GP)
Pepple, W. David.....P.O. Box 267 (OO)
Perrin, Kermit F....2701 S. Anthony Blvd. (06) (GP)
Perry, Frederic G.....2902 Fairfield Ave. 07) (D)
Pickett, Merle E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Pierret, Guy P.....417 Medical Center (02) (ORS
Popp, Milton F...606 Medical Center Bldg. (02) (GS)
Powell, M. Jack.....700 Broadway (04) (R)
Priddy, Marvin E.....5110 N. Clinton (05) (GP)

Q-R

Rank, William B.
Three Rivers North, Suite 107 (02) (U)
Ransburg, Robert C.
519 Medical Center Bldg. (02) (PATH)
Reed, John D.....3124 E. State Blvd. (05) (IM)
Reszel, Paul A.....5050 N. Clinton St. (05) (ORS)
Rhee, Sang K.....2827 Roscommon Dr. (05) (ANES)
Richards, Alan D.....5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H...3010 E. State Blvd. (05) (IM)
Rissing, Walter J.....229 W. Berry St. (02) (PR)
Romain, Louis F.....3124 E. State Blvd. (05) (N)
Roser, Arthur J.....801 E. State Blvd. (05) (GP)
Rothberg, Maurice.....625 W. Berry St. (02) (OPH)
Rousseau, John W.....3124 E. State Blvd. (05) (OBG)
Rusher, Merrell W.
206 Medical Center Bldg., (02) (OBG)

S

Safirstein, Moises.....2330 Beacon St. (05) (ANES)
Sahlmann, Hans (S).....3418 S. Hanna St. (06) (GP)
Salon, Harry W. (S).....535 West Berry St. (02) (GP)
Salon, Joel W.....604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S).....604 W. Wayne St. (02) (GP)
Santelices, Vivente B.....4416 Tamarack (05) (ANES)
Schaab, Eric.....131 E. Tillman Rd. (06) (PD)
Scheeringa, Ronald H.....2902 Fairfield Ave. (07) (IM)
Schlademan, Karl R.
519 Medical Center Bldg. (02) (PATH)
Schleinkofer, Robert M.....3217 Lake Ave. (05) (GP)
Schloss, Robert P.....701 Three Rivers, North (02) (GP)
Schmidt, Eugene E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Schmoll, Robert J.....521 W. Wayne St. (02) (OPH)
Schneider, Louis A.....700 Broadway (02) (PATH)
Schoen, Frederic L.5717 S. Anthony Blvd. (06) (GP)
Schoenhals, Charles E.....5431 Vance Ave. (05) (GS)
Schubert, Jerome C.....5110 N. Clinton St. (05) (GP)
Schubert, Philip C.....6203 Plantation Lane (05) (GP)
Scott, H. Vaughn.....801 E. State Blvd. (05) (PD)
Scudder, James P.....3124 E. State Blvd. (05) (U)
Senseny, Eugene F.....2902 Fairfield Ave. (07) (PR)
Shinabery, Lawerence (S)
Three Rivers North, Suite 212 (02) (GP)
Short, John T. (S).....2908 Shawnee Dr. (07) (U)
Shugart, Robert R.....2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W.....5110 N. Clinton (05) (GP)
Silvero, Hubert L.....1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M.....2615 Trier Rd. (05) (PD)
Smith, C. Curtis.....5110 N. Clinton (05) (GP)
Smith, Philip L.....2902 Fairfield Ave. (07) (OBG)
Smith, Roger C.....3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Spencer, C. Herbert
Three Rivers North, Suite 105 (02) (ANES)
Stanley, Robert G.....3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C.....2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J.....3124 E. State Blvd. (05) (PD)
Stier, Paul L.....721 Broadway (02) (IM)
Stovall, Alfred.....332 E. Pontiac (03) (GP)
Stucky, Jerry L.....5110 N. Clinton (05) (GP)
Sullivan, Robert E.....3030 Lake (05) (GS)
Swearingen, Alfred G.....2802 E. State Blvd. (05) (R)

T

Taylor, Robert G.....2902 Fairfield Ave. (07) (IM)
Terrill, Richard W.....446 W. Pontiac St. (07) (OPH)
Thomas, John R.....347 W. Berry St. (OTO)
Tomusk, August N.
Three Rivers East, Suite 104 (02) (GS)
Towles, Jeff H.....2709 S. Hanna St. (06) (GS)
Trier, Herbert P.
2414 Ft. Wayne Nat'l. Bank Bldg. (02) (P)
Tunnell, Harry D. III....332 E. Pontiac St. (03) (GS)
Tyndall, J. Phillip.....3124 E. State Blvd. (05) (OBG)

U

Ungemach, Willo F.....3009 Fairfield Ave. (07) (IM)

V-W

Villanueva, Onofre Q...1621 Linderwood Ave. (08) (PD)
Vogel, Lloyd A.
Three Rivers North, Suite 105 (02) (ANES)
Voorhees, Robert J.....3030 Lake (05) (GS)
Walker, Floyd B.....3505 S. Monroe (06) (GP)
Wallace, Collins R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Ward, Gerald F.....3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S)
7024 Forest Wood Dr. (05) (OO)
Weber, John R.....710 W. Wayne St. (04) (PD)
Wick, Alfred A.....2120 Carew (05) (OPH)
Wierzalis, Edward F.....2017 Sherman St. (08) (GP)
Williams, Berniece M.....801 E. State Blvd. (05) (GP)
Willis, Robert L., Jr.....2902 Fairfield Ave. (07) (R)
Wilson, Roland B.....1207 S. Lafayette (02) (GP)

X-Y-Z

Zweig, Elmer Sam.....2015 Pemberton Dr. (05) (GP)

Harshman, Louis P. (S).....Wesley Manor, 1555 N. Main St., Frankfort (46041) (OO)
Harvey, Harry C. (S)..107 Methodist East Dr. Franklin (46131) (GP)
Maldia, Godofredo.....410 W. Houston St., Garrett (46738) (IM)
Emme, Richard W.....Harlan (46743) (GP)
Harless, O. Fred.....104 Summit, Monroeville (46773) (GP)

New Haven
(*Zip Code* 46774)

Dahling, Fred W.....Dahling Bldg. (GP)
Hoetzer, Eldore M.....502 Henry (GP)
Sidell, James P.....1208 Lincoln Highway E. (GP)
Stumpf, Edwin E.....716 Broadway (GP)
Wade, Reynolds W.....1018 Bell Ave. (OBG)

Miller, Kenneth D.....Woodburn (46797) (GP)

Cook, Ian H.....4 Lavendon Rd., Fish Hoek, Cape Province, South Africa (GS)
Humphreys, John L.
55 Highland Rd., Apt. 202, Bethel Park, Pa. (15102) (PATH)
McAfee, Geo. J.....3505 N. Rybolt Ave., Apt. C, Indianapolis, Ind. (P)
Rockey, Noah A. (S).....2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. (33305) (GP)
Sherwood, Clarence E.
R.R. 2, Box 97A, Madison, S. Dakota (57042) (PUD)
Sherwood, J. Vincent (S)..229 Shangri-La, Largo, Fla. (33540) (PUD)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Walter.....2760 25th St. (GP)
Adler, David L...Bartholomew County Hospital (PATH)
Beggs, Lowell F.....832 Washington St. (GS)
Brewer, David H.....2780 N. National Road (PD)
Brueggeman, Walter G.....2418 Beam Rd. (OPT)
Bush, Robert....Bartholomew County Hospital (PATH)
Clay, Eleanor.....2030 Doctor's Park (IM)
Cooper, Wm. Earl.....2760 25th St. (OTO)
Daugherty, Forest D.....2600 Sandcrest Blvd. (GP)
Davis, Marvin R.....908 Washington (GP)
Dugan, Thomas.....Doctor's Park (GP)
Echsner, Herman J.....Doctor's Park (GP)

Fortner, Ray E.....Doctors' Park (U)
Franz, Sherman G.....The Consulting Center (P)
Fuller, Robert G.....Doctor's Park (GP)
Gammell, Lindley L.....602 22nd St. (GP)
Gullett, Austin.....Cummins Engine Co. (OM)
Hart, Robert B.....915 Washington (OBG)
Hauersperger, Alfred D.....2760 25th St. (OPH)
Hawes, Marvin E.....423 9th St. (GP)
Henry, Alvin L.....Doctor's Park (OPH)
Jacobs, E. Robert.....2756 25th St. (GS)
Krueger, Robert B.....2739 Central Ave. (GP)
McCullough, Henry G.....R.R. #4, Old Indpls. Rd. (GP)
Macy, George W.....2525 Sandcrest Blvd. (GS)
Marr, Griffith.....R.R. #1 (ANES)
Mohler, Floyd W.....2060 Doctor's Park (ORS)
Nelson, Bryon.....2760 25th St. (GP)
O'Bryan, Richard B.....2739 Central Ave. (PD)
Overshiner, Lyman (S).....1901 Taylor Rd. (R)
Pearce, William L.....Doctors Park (OBG)
Probst, Edward L.....Everroad Park 2760 25th St., (D)
Ranck, Benjamin A.....2600 Sandcrest Blvd. (GP)
Rau, Charles A.....2600 Sandcrest Blvd. (GP)
Reed, Robert G. Jr.
2400 E. 17th St. Bartholomew Co. Hosp. (PATH)
Richmond, Harold W...Cummins Engine Co., Inc. (OM)
Ryan, C. David.....2040 Doctor's Park (OBG)
Ryan, William J.....Doctor's Park (GS)
Sandlin, Donald L.....2530 Sandcrest Blvd. (GP)
Schmitt, Richard K. (S).....2639 Riverside Drive (GP)
Schneider, Kenneth D.....2760 25th St. (GP)
Sebahar, Duane.....2760 25th St. (IM)
Sigmund, William B.....2355 Central Ave. (U)
Snapp, Richard A.....P.O. Box 608 (IM)
Stribling, James L.....Doctor's Park (OBG)
Teal, Dorothy D. (S).....728 Franklin St. (GP)
Weinland, George C.....R. R. 5, Harrison Lake (P)
Weisenberger, Brockton L...3305 Woodland Pkwy. (GP)
Wickstrom, Otto W., Jr.....2360 National Rd. (ORS)
Wigh, Russell.....2767 Lafayette Ave. (R)
Williams Everett W.....2225 Central Ave. (GP)
Wissman, William L.....2537 Riverside (ANES)
Zaring, Bryon K.....2419 Riverside Drive (GS)

James, Carroll F.....Box 7, Hope Medical Center, Hope (48246) (GP)
Holden, Robt. W.....631 Harpeth Bend Dr., Nashville, Tenn. 37221 (R)
Seibel, Robert M.....Nashville (47448) (GP)
Reid, Robert M.....2441 N. Meridian St. Indpls., Ind. 46202 (ANES)
Mammen, Harold W.....Western Electric Co., Indianapolis 46206 (OM)

BENTON COUNTY

Leak, Robert H.....Boswell (47921) (GP)
Coddens, Avery L.....Earl Park (47944) (GP)
Miller, Dan T. (S).....Fowler (47944) (GP)
Turley, Verne L. (S).....Fowler (47944) (GP)
Altier, William H.
1721 Hemlock Rd., Lafayette (47904) (GP)
McKinney, Donald L...Box 398 Otterbein (47970) (GP)
Stolz, Thomas J.....Carriage Estates, West Lafayette (47906) (GP)
Scheurich, Manley.....Oxford, Ind. 47971 (OO)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D. (S).....Jamestown (46147) (GP)

Lebanon
(*Zip Code* 46052)

Boyer, Don W.....1604 N. Lebanon St. (GS)
Burnes, Keith C.....2109 Center Dr. (OPH)
Coons, John D. (S)....Boone County Bank Bldg. (GP)
Coons, Ritchie.....303 W. Washington St. (GP)
Fisher, Gerald.....324 W. North St. (GP)
Honan, Paul R.....1720 N. Lebanon St. (OPH)
Kern, Clarence G.....1720 N. Lebanon St. (GP)
Lenox, Jack.....1202 N. Lebanon St. (GP)
Mukhtar, Fuad A.....1604 N. Lebanon St. (GS)
Porter, John R.....1122 N. Lebanon St. (GP)
Weddle, Charles O.....905 N. Lebanon St. (GP)

Bassett, Margaret A.....Thorntown (46071) (GP)
Gregg, Edwin E.....Thorntown (46071) (GP)
Bailey, Lawrence S.....Zionsville (46077) (GP)
Harvey, Ralph J. (S).....Zionsville (46077) (GP)
Jackson, Kathryn A.....Zionsville (46077) (GP)
Lovett, Harvey D.....Zionsville (46077) (GP)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J.....Burlington (46915) (GP)
Wagoner, Marilyn L.....Burlington (46915) (GP)
Wise, Charles L.....Camden (46917) (GP)
Eller, Alvan L.....115 N. Center St., Flora (GP)

Delphi
(*Zip Code* 46923)

Baker, Eldon E.....110 S. Union St. (GP)
Petry, T. Neal.....110 S. Union St. (GP)
Seese, Robert M.....101 W. North St. (GP)
Wagoner, George W.....202 West Main St. (GP)

CASS COUNTY

Logansport
(*Zip Code* 46947)

Bailey, Earl W.....212 Fifth St. (GS)
Bayazit, Lutfi Y.....2108 North Court (IM)
Bean, Joseph S.....1101 Michigan Ave. (R)
Brewer, Robert A.....216 Ninth St. (GP)
Chu, Johnson C.S.....Logansport State Hosp. (P)
Eckert, Russell A.....1101 Michigan Ave. (R)
Glendening, Richard L.....420-A High St. (GP)
Hall, Bernard R.....422 High St. (OBG)
Hedde, Eugene L.....211 S. Third St. (GS)
Heitzman, Alois I.....26th and North St. (OTO)
Hillis, Lowell J.....718 E. Broadway (GP)
Hochhalter, Marian (S).....2400 Hasty Hill (GP)
Horning, Richard R.....Logansport State Hosp. (P)
Howard, Joseph D.....26th and North St. (GP)
Jones, J. Carl.....Eastgate Plaza (GP)
Karnafel, Eugene T.....Logansport State Hosp. (P)
King, Jay M.....812 North St. (GS)
Luxenberg, Edwin R.....26th & North St. (PD)
Mamaril, Blas F.....1001 E. Broadway (GP)
Maschmeyer, Robert H.....State Hospital Box 405 (P)
Morrical, David L.....212 Fifth St. (Military)
Morrical, Russell J.....212 Fifth St. (GP)
Newman, Milton A.....Logansport State Hospital (GP)
Parker, E. Camille.....2500 E. Broadway (OPH)
Parker, Francis W., Jr.....2500 E. Broadway (OPH)
Pfuetze, Max E.....408 North St. (GS)
Phipps, Elwood B.....Logansport State Hosp. (P)
Sheller, Tom G.....Logansport State Hosp. (P)
Teaboldt, George A., Jr.....Logansport State Hosp. (P)
Vizcarra, Ruben F.....2716 Northwood Dr. (GP)
Williams, Earl K.....1101 Michigan Ave. (R)
Wilson, Paul H. (S).....422 North St. (GS)

Newcomb, William K.....Royal Center (46978) (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton (46947) (P)
Fish, James C...406 Kellog, Ann Arbor Mich. 48105 (GS)
Raney, Robert D.
221 S. 6th St., Terre Haute, In. 47807 (IM)

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Eli.....807 High St. (GP)
Hover, Galen M.....201 Reynolds St. (OM)
Jones, David H.....935 Water St. (GP)
Shina, Hassi.....Charlestown Landing Rd. (GP)

Clarksville
(*Zip Code* 47131)

Mudd, Joseph P.....815 Eastern Blvd. (GP)
Willner, Alan.....630 Eastern Blvd. (GP)
Wolverton, George M.....647 Eastern Blvd. (GP)

Carr, Joseph H.....Henryville (47126) (GP)
Greene, William R.....Henryville (47126) (GP)

Jeffersonville
(*Zip Code* 47130)

Arcangel, Cesar.....207 Sparks Ave. (P)
Bizer, Mier A.....1206 N. Spring St. (GP)
Brill, Joseph B.....207 Sparks Ave. (P)
Buehler, George M.....431 Locust St. (GP)
Byrd, Ryland P.....210 Sparks Ave. (PATH)
Carlberg, Dale L.....226 E. Maple St. (GP)
Carney, Joel T. (S).....347 Spring St. (GP)
Clark, William B., Jr.....435 Spring St. (GP)
Cohen, Burton J.....207 Sparks Ave. (OTO)
Corrao, Thomas J.....435 Spring St. (GP)
Cosio, Julio.....1206 Spring St. (GP)
Duque, Fausto.....207 Sparks Ave. (ANES)
Ely, Cecil W.....Clark County Hospital (R)
Forsee, Norman E.....211 E. Market St. (GP)
Golden, William Y.....420 Wall St. (GP)
Gutman, Gordon.....R.R. 3 (GS)
Hargett, Herbert P.....435 Spring St. (OPH)
Havens, A. Lyle.....207 Sparks Ave. (GP)
Havens, Thomas R.....207 Sparks Ave. (GP)
Heideman, Harry D.....210 Sparks Ave. (R)
Horlander, Fridolin.....Gateway Plaza (GP)
Huoni, John S. (S)
1405 Youngstown Shopping Center (GP)
Isler, Nathaniel C.....519 Spring St. (GP)
Jimenez, Pedro.....207 Sparks Ave. (ANES)
Johnson, Jerome M.....1428 E. 10th St. (GP)
Matibag, Victor P.....209 Sparks Ave. (N)
McCloud, L. C.....Clark County Hosp. (PATH)
McKechnie, Robert K.....207 Sparks Ave. (GP)
Millan, J. L.....209 Sparks Ave. (NS)
Neathamer, Thos. A.....Medical Arts Bldg. (GP)
Oca, Clemente F.....207 Sparks Ave (GS)
Reed, Edsel S.....Clark County Hospital (R)
Riehl, Richard.....201 E. Market St. (IM)
Roby, Alma L.....207 Sparks Ave. (PD)
Rudwell, George.....200 Longview Drive (OTO)
Shaw, Houston W.....435 Spring St. (GS)
Thompson, Walter T.....1403 Youngstown (GS)
Torres, Jose.....207 Sparks Ave. (GS)

Fultz, Roy L.....P.O. Box 69, Salem 47167 (GP)

Sellersburg
(*Zip Code* 47172)

Meyer, Claude J.....119 S. Indiana Ave. (GP)
Rivera, Ofray-Crispulo M...719 E. Dalaware Court (GP)
Robertson, Robert E.....110 S. New Albany St. (GP)
Sturgis, Donald G.....117 S. Indiana Ave. (GP)

CLAY COUNTY

Brazil
(*Zip Code* 47834)

Advincula, Luis V.....Clay County Hospital (GP)
Conrad, Everett L.....1207 National Ave. (GP)
Farid, Rahim S.....111 N. Walnut St. (GS)
Froderman, Stanley E.....1207 National Ave. (GS)
Maurer, J. Frank.....111 N. Walnut St. (GS)
Maurer, Robert M.....111 N. Walnut St. (GP)
Mehne, Richard G.....3½ E. National Rd. (GP)
Moon, Charles E.....111 N. Walnut St. (GP)
Wood, Opal L.....111 N. Walnut St. (GP)
Buell, Forrest R.....Clay City (47841) (GP)

CLINTON COUNTY

Frankfort
(*Zip Code* 46041)

Applegate, Albert E.....1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr.....400 Kentwood Dr. (GP)
Dupler, Lee F.....1258 S. Jackson St. (PATH)
Dykhuizen, Theodore A.....608 E. Washington St. (GP)
Erdel, Milton W.....2 E. White St. (OTO)
Flora, Fred W.....1256 S. Jackson St. (GP)
Hammersley, George K.....361 E. Clinton St. (GS)
Hedgcock, Robert A.....259 E. Clinton St. (GP)
Stout, Harry T.....1256-58 S. Jackson (GP)
Work, Bruce A.....1252 S. Jackson (GP)

Bush, Charles E.....Kirklin (46050) (GP)
Ketcham, John S. (S).....Rossville (46065) (GP)
Weller, Ralph D.....Rossville (46065) (GP)

Carrel, Francis E.
R. R. 3, Box 90 Newaygo, Mich. 49337 (GP)

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.....Bruceville (47516) (PATH)
McNaughton, Lawrence M.
Crane Naval Base, Crane (47522) (GP)
Rohrer, James R.....Elnora (47529) (GP)

Loogootee
(*Zip Code* 47553)

Chattin, Robert E.....304 N.E. 2nd St. (GP)
Lett, Emory B.....404 J. F. Kennedy (GP)

Washington
(*Zip Code* 47501)

Barrett, James W.....1312 Bedford Rd. (GS)
Blazey, Arthur G.....7 E. Walnut St. (GP)
Chattin, Vance J.....511 E. Main St. (GS)
Lindsay, Hamlin B.....511 E. Main St. (GS)
McKittrick, Jack.....Peoples Bank Bldg. (GP)
Norton, Horace O.....511 E. Hefron St. (GP)
Rang, Arthur A. (S).....211 N.E. Ninth St. (OO)
Rang, Robert H.....1312 Bedford Rd. (GS)
Ross, Glenn E.....1307 Bedford Rd. (R)
Schafer, William C.....1312 Bedford Rd. (OTO)
Seat, Marshall H.....2 E. Walnut St. (GP)
Snyder, Clarence E.....300 N.E. 4th St. (ORS)

Sears, Don A.....Odon, Ind. 47562 (GP)

DEARBORN-OHIO COUNTIES

Aurora
(*Zip Code* 47001)

Baker, Leslie M.....501 Fourth St. (GP)
Lindgren, Ivan T.....223 Machanic St. (GP)
Olcott, Charles W.....205 Main St. (GP)

McNeely, Matthew J. (S) Box 35, Dillsboro (47018) (GP)

Lawrenceburg
(*Zip Code* 47025)

Bowen, Gerald T.....209 Fourth St. (GP)
Conrad, Henry W.....370 Bielby Rd. (GP)
Dizon, R. H.....Dearborn County Hosp. (ANES)
Frable, Frank L., Jr.....370 Bielby Rd. (GS)
Houston, Fred D.....30 W. High St. (GP)
Morrison, George G., Jr.....209 Fourth Ave. (GP)
Pfeifer, James M.....319 Front St. (GP)
Rhodes, Alfred K.....370 Bielby Rd. (OBG)
Scudder, Gary E.....370 Bielby Rd. (GP)

Fessler, Gordon S. 311 Main St., Rising Sun (47040) (GP)
David, Delfin P...226 Main St., Rising Sun (07070) (GP)

DECATUR COUNTY

Greensburg

(*Zip Code* 47240)

Acher, Robert P.....221 E. Washington St. (GP)
Callaghan, Winship C.....232 N. Broadway (OTO)
Dickson, Dale D.....333 E. First St. (GP)
Domingo, Ricardo C.....Domingo Bldg. (GP)
Ducanes, Arnold D.....215 N. Franklin St. (GP)
Miller, James C.....317 N. Franklin St. (GP)
Morrison, James T.....207 N. Franklin St. (GP)
Paje, Alfredo Q.....Murphy Bldg. (GP)

Porter, Edward A. (S).....Westport (47283) (GP)
Porter, Robert A.....Westport (47283) (ANES)

DE KALB COUNTY

Auburn

(*Zip Code* 46706)

Covell, Harry M. (S).....127 W. 7th St. (GP)
Edwards, J. Robert 903 S. Cedar St. (GS)
Harvey, John C.....405 S. Main St. (GP)
Hathaway, C. Bishop.....1005 Nickols St. (GP)
Hathaway, Wm. H.....R. R. 1 (GP)
Hines, John H.....403 Main St. (GP)
Hippensteel, Harland V.....208 W. 7th St. (GP)
Jinnings, Loren E.....P.O. Box (GP)
Rogers, Evered E.....212 W. Sixth St. (GP)
Souder, Bonnell M. (S).....206 W. Seventh St. (GP)
Wills, Max.....347 W. Seventh St. (GP)

Shultz, Clifford.....Butler (46721) (GP)
Weirich, Charles I.....Butler (46721) (GP)

Garrett

(*Zip Code* 46738)

Carpenter, Ramesh S.....410 W. Houston (GP)
Nason, Robert A.....123 E. King St. (GP)
Novy, Charles A.....105 N. Randolph St. (OBG)

David, George J.....I Maddox, Muncie, Ind. 47304 (GP)
Coleman, Floyd B.....Waterloo (46793) (GP)
Graber, Benjamin R.....Waterloo, In. 46793 (GP)
Hughes, William B.....Waterloo (46793) (GP)

Kantzer, Floyd B. (S).....12436 Morrow Ave., N.E., Albuquerque, New Mexico (87112) (GP)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D.....Albany (47320) (GP)
Puterbaugh, Karl E. (S).....Albany (47320) (GP)
Egger, Ross L.....Daleville (47334) (GP)
Hurley, John R.....Daleville (47334) (GP)
Weisner, Richard M.....R. R. 1, Eaton (47338) (GP)
Ko, Richard C. B.....Gaston (47342) (GP)
Willman, Joe.....R. R. 1, Gaston (47342) (PATH)
Rudical, Max H.....R. R. 1, Daleville (47334) (PATH)

Hartford City

(*Zip Code* 47348)

Dodds, James U. (S).....227 W. Main St. (GP)
Dudgeon, Charles A.....720 N. Spring St. (GP)
Owsley, Guy A.....214 N. High St. (OTO)
Parks, George O.....720 N. Spring St. (GP)
Sulit, Severino T.....214 N. High St. (GS)
Weldy, Bryce P.....227 W. Franklin St. (OTO)
Werry, Leslie E. (S).....1228 N. High St. (GP)

Burns, Paul E. 119 E. High St., Montpelier (47359) (GS)
Ingram, Richard
206 S. Main St., Montpelier (47359) (GP)
Hunsberger, Donald W.
117 W. High St., Montpelier (47359) (GP)

Muncie

(*Zip Code* 473 *plus zone number*)

Adams, Julia L...Ball State Teachers College (06) (PD)
Adams, William B.....2810 Ethel Ave. (04) (ANES)
Adler, Alan J.....R. R. #12 (02) (Resident)
Alexander, Jack L.....Norwood Office Ct. (04) (PD)
Alvey, Charles R.....115 N. Cherry St. (05) (GP)
Ashburn, Clarence M.....2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S).....303 W. Adams St. (05) (GP)
Ball, Philip 2600 W. Jackson St. (03) (IM)
Baltzer, Donald J.....2810 Ethel Ave. (ANES)
Benken, Lawrence D....1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L.....2923 W. Jackson St. (04) (GP)
Berner, H. W.....2501 W. Jackson (03) (OBG)
Boberg, Arthur R...420 W. Washington St. (05) (IM)
Border, John F.....2724 W. North St. (03) (IM)
Botkin, Charles T.....400 White River Blvd. (03) (GP)
Botkin, Clyde G.....508 W. Jackson St. (05) (GP)
Branam, George E.....38 Warwick Rd. (04) (PATH)
Brown, Leland G.....412 White River Blvd. (03) (ORS)
Brown, Thomas M.....212 N. Pauline Ave. (03) (IM)
Burns, Anthony J.....2810 Ethel Ave. (04) (GP)
Burwell, Stanley W.....424 W. Jackson St. (05) (GS)
Butz, Ralph O.....1525 W. Jackson St. (03) (GS)
Clark, Lintner E.....420 W. Washington St. (05) (R)
Clark, Robert M.....2809 Goodman Ave. (04) (OPH)
Cooper, John F.....3022 S. Madison (02) (GP)
Coulon, Thomas F.....1604 Brentwood (04) (GS)
Covalt, Wendell E.....2724 W. North St. (03) (GS)
Cullison, John L.....Ball Memorial Hospital (03) (IM)
Cure, Elmer T. (S).....217 S. Cherry St. (05) (GP)
Dersch, David M.....2501 W. Jackson St. (03) (OBG)
Dietz, David J.....2810 Ethel Ave. (04) (GP)
Dowell, Anthony R.....420 Washington (04) (GP)
Dunning, Thomas W.....1600 W. McGalliard (04) (GP)
Dutchman, William R.....2810 Ethel Ave. (04) (ANES)
Fiederlein, Frederick J.....2809 Godman Ave. (04) (N)
Galliher, Marjorie J...410 White River Blvd. (03) (GP)
Geckler, Charles E.
203 Western Reserve Bldg. (05) (PATH)
Gibson, Robert K.....806 W. Jackson St. (05) (PD)
Goodell, Charles L.....2810 Ethel Ave. (04) (NS)
Gray, Stuart A.....2200 Janney Ave. (04) (GP)
Greiber, Marvin F.....408A White River Blvd. (03) (P)
Gustafson, Milton H.....2606 W. Jackson St. (03) (D)
Hagenow, Charles F.....2808 Timber Lane (02)
Hall, Robert S.....1604 W. McGallaird (04) (GP)
Hayes, Theodore R.....520 W. Main St. (05) (U)
Henderson, Ramon A.....806 W. Jackson St. (05) (PD)
High, Ralph L.....420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H..411 Rambler Road (04) (GP)
Holmes, John L.....412 White River Blvd. (03) (ORS)
Imhof, Joseph D.....320 W. Adams St. (05) (R)
Kalker, Morton.....2810 Ethel Ave. (04) (ANES)
Kammer, Grace C.....420 W. Washington St. (GP)
Kirshman, Forrest E. (S).....41 Briar Road (04) (GP)
Koch, Edwin F., Jr.....Ball Memorial Hosp. (03) (R)
Koss, K. William.....1600 W. Jackson St. (03) (GP)
Kress, James W.....2809 Godman Ave. (04) (GS)
Lawson, Lawrence J.....110 N. Cherry St. (05) (GS)
McCallister, Larry L.....2518 Rosewood (04) (GP)
McClintock, James A.....316 W. Adams St. (05) (GS)
McConnell, Thomas L.....R. R. #7 (02)
McDowell, Fletcher W.....926 W. Main St. (05) (GS)
Mathewson, Russell C.....1802 W. McGalliard Rd. (P)
Montgomery, Lall G..2401 University Ave. (03) (PATH)
Montgomery, Ralph F....2501 W. Jackson (03) (OBG)
Moore, Jack C.....1812 W. McGalliard Rd. (04) (IM)
Moore, William C. (S)....110 N. Cherry St. (05) (GS)
Morris, Jean W.....247 Johnson Bldg (05) (OPH)
Nelson, Harold E.....2809 Godman, Suite 4 (04) (IM)
Newnam, Philip E...420 W. Washington St. (05) (IM)
Osborne, John V.....420 W. Washington St. (05) (GS)
Peacock, Robert C.....2724 W. North St. (03) (U)
Pell, Donald M.....3109 Godman Ave. (04) (IM)
Pippenger, Wayne G.....Ball State University (06) (ADM)

Quick, William J.....314 E. Washington St. (05) (GP)
Reedy, Richard L.....R. R. 6, Box 190 (02) (GP)
Rittmeyer, Jack L.....1309 Ridge Rd. (04) (IM)
Rivers, Glynn A.....625 W. Adams St. (05) (GP)
Roch, L. Marshall...406 White River Blvd. (03) (OPH)
Schulhof. Maurice G...420 W. Washington St. (05) (GS)
Searight, Howard R.....2923 W. Jackson St. (04) (OTO)
Snyder, Richard J.....1111 W. Jackson (03) (OBG)
Shaw, Matthew C.....2810 Ethel Ave. (04) (ANES)
Speck, Carlson R.....Ball Memorial Hospital (03) (R)
Stanley, John R.....1111 W. Jackson St. (05) (OBG)
Stibbins, Warren E.....2605 Wheeling Ave. (04) (GP)
Stout, Francis E.....2423 W. Jackson St. (03) (OBG)
Taylor, Donald R.....Ball Memorial Hospital (03) (R)
Tharp, Donald W.....2923 W. Jackson St. (04) (OPH)
Tharp, John D. 2923 W. Jackson St. (05) (U)
Tomlin, Hugh M.....420 W. Washington St. (05) (IM)
Vlaskamp, Elaine.....500 W. Charles St. (05) (GP)
Voss, Gert.....420 W. Washington St. (05) (OBG)
Walker, Jack M.....412 White River Blvd. (03) (ORS)
Ware, Herbert E.....2200 Janney (04) (GP)
Wince, Leland L.....806 W. Jackson St. (05) (PD)
Workman, Barbara E.....2401 University (03) (R)
Yarling, John L.....2901 N. Tillotson (04) (CHP)
Young, Gerald S.....924 W. Main St. (05) (PD)

Haas, Ray A.
Grissom U.S.A.F. Hosp. (SAC), In. (46970) (GP)
Rivers, Thomas A.
242 N. Colfax, Griffith, In. (46319) (IM)

Jay, Arthur C.....Parker (47368) (PATH)
Hinchman, Jean F.....Parker (47368) (GP)
Cole, Larry G.....Yorktown (47396) (GP)
Cooley, Paul P.....Yorktown (47396) (GP)
Hill, Robert E.....Yorktown (47396) (GP)

Botkin, Charles L. (S)
1007 S. Oceanside Dr., Hollywood, Fla. (33020) (OO)
Owsley, William J.....400 38th St. (92660)
Newport Beach, Cal. (OTO)

DUBOIS COUNTY

Backer, Henry G. (S).....Ferdinand (47532) (GP)
Encinas, Senen J.....Crawford Med. Clinic (47118)
English, Ind. (GP)
Fajardo, Manuel.....Ferdinand (47532) (GP)
Held, Geo. A.....R. R. 1, Loogootee, Ind. (47553) (GP)
Leon, Mario.....Holland (47541) (GP)

Huntingburg
(*Zip Code* 47542)

Amini, Sohrab.....521 Fourth St. (GS)
Borges, Victor J.....409 Van Buren (GS)
Bretz, John M.....302 Fourth St. (GP)
Craig, Harry L.....409 Van Buren (GP)
Erhart, Herbert G.....409 Van Buren (GP)
Scales, Alfred B. (S).....409 Van Buren (GS)
Scales, Allen D.....409 Van Buren (GP)
Stork, Harvey K. (S).....509 Fourth St. (GP)
Williams, Fielding P.....215 W. Walnut St. (GP)

Jasper
(*Zip Code* 47546)

Beaven, John B.....111 Central Bldg. (GS)
Bomalaski, M. Donald.....Memorial Hosp. (R)
Gootee, Francis H.....501 Clay St. (GP)
Gootee, Thomas H.....501 Clay St., (OBG)
Heck, Martin C.....801 Newton St. (GP)
Kemker, Bernard.....111 Central Bldg., Jasper (GS)
Klamer, Charles H.....715 MacArthur St. (GP)
Lukemeyer, St. John (S).....109 W. 12th St. (GP)
Ploetner, Edward J.....111-115 Central Bldg. (GS)
Salb, John P.....106 Metzger Bldg. (GP)
Wagner, Arthur L.....115 E. Ninth St. (GP)

ELKHART COUNTY

Horswell, Richard G.....Bristol (46507) (IM)
Neidballa, Edward G.....Bristol (46507) (GP)

Elkhart
(*Zip Code* 46514)

Arlook, Theodore D.....912 W. Franklin St. (D)
Atwood, William H.....The Elkhart Clinic (IM)
Bender, Robert L.....411 S. Third St. (GP)
Benson, James E.....The Elkhart Clinic (P)
Billings, Elmer R.....The Elkhart Clinic (IM)
Bloom, George R.....Simpson & Superior Sts. (GP)
Boling, Richard C.....1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S).....515 S. Second St. (GP)
Campbell, Patrick B.....605 Oakland Ave. (PD)
Cassim, Rechad M.....The Elkhart Clinic (PD)
Classen, Pete R. C.....4112 S. Main St. (GP)
Compton, Walter A.....2225 Greenleaf Blvd. (OM)
Conklin, Raymond L. (S).....1127 Myrtle Ave. (OM)
Cormican, Herbert L.....1400 Hudson St. (OBG)
Dovey, Edward G.....513 Oakland Ave. (U)
Durham, Thomas E.....The Elkhart Clinic (ORS)
Echeverria, Rodolfo E.....The Elkhart Clinic (ORS)
Elliott, Thomas A.....The Elkhart Clinic (IM)
Farvar,Boyouk.....513 Oakland Ave. (U)
Fear, Olan D.....The Elkhart Clinic (IM)
Finfrock, James D.....515 S. Second St. (GS)
Futterknecht, James O.....The Elkhart Clinic (GS)
Gattman, G. Beach.....The Elkhart Clinic (PD)
Graber, Virgil R.....1400 Hudson St. (OBG)
Hannah, Jack W.....1906 E. Jackson Blvd. (ANES)
Harrell, Ronald R. R. R. #5 (OM)
Heiser, Ervin W.....1400 Hudson St. (OBG)
Hurley, James W.....The Elkhart Clinic (IM)
Ivy, John H.....Box 2507 (IM)
Jones, Robert B.....1528 W. Franklin (OTO)
Kesim, Mufit H.....1332 W. Indiana Ave. (PD)
Kintner, Burton E.....Simpson & Superior Sts. (GP)
Klassen, Otto D.....Oakland Psychiatric Center (CHP)
Knight, E. Larry.....The Elkhart Clinic (IM)
Krause, Frederick.....4112 S. Main St. (GP)
Lundt, Milo O.....1400 Hudson St. (U)
Luther, William C.....3006 East Lake Dr., S. (GP)
McArt, Bruce A.....1332 W. Indiana Ave. (GS)
Mark, George A.....814 W. Marion St. (IM)
Martin, Paul H.....313 N. Second St. (PH)
Middleton, Ramona J.....1400 Hudson St. (OBG)
Miller, Galen R.....403 S. Ninth St. (GS)
Miller, Hugh A., Jr.....1127 Myrtle St. (IM)
Miller, Samuel T. (S).....174 Witmer Ave. (GP)
Mininger, Edward P.....1400 Hudson St. (OBG)
Mishkin, Irving.....209 S. Second St. (GP)
Mishkin, Marvin.....209 S. Second St. (IM)
O'Donovan, Cornelius J.....Miles Lab., Inc. (IM)
Oiha, Brij. B.....Elkhart Clinic (OPH)
Paff, William A.....1509 Meadow Lane (IM)
Paine, George E.....329 Meisner Ave. (ANES)
Pancost, Vernon K.....1000 W. Marion St. (GP)
Papadopoulos, Aristides P.....The Elkhart Clinic (ORS)
Parshall, Dale B.....Elkhart Gen. Hosp. (R)
Peterson, James A.....The Elkhart Clinic (PD)
Pletcher, William D.....The Elkhart Clinic (IM)
Price, Robert W.....2600 Oakland Ave. (CHP)
Reed, James C.....The Elkhart Clinic (D)
Rouen, Robert L.....1209 Harrison St. (OPH)
Rupe, Lloyd O.....211 S. Fifth St. (GS)
Rupel, Dennis F.....2600 Oakland Ave. (P)
Scheer, Alexander L.....The Elkhart Clinic (OTO)
Schlosser, Herbert C. (S).....116 W. Marion St. (GS)
South, Dale R., Jr.....Simpson & Superior Sts. (GP)
Spray, Page E.....320 W. High St. (GP)
Stubbins, William M.....1006 W. Franklin St. (GP)
Swank, Lucretia R.....1600 E. Jackson Blvd. (ANES)
Swihart, Danny D.....Simpson & Superior Sts. (GP)
Swihart, Homer R.....1200 W. Marion St. (GP)
Wilson, Orlev E.....217 N. Main St. (GP)
Yoder, C. Richard.....603 Oakland Ave. (PD)
Yuhn, Robert B.....2600 Oaklawn (P)
Zeitler, Philip S.....1332 W. Indiana Ave. (ORS)

Goshen
(*Zip Code* 46526)

Bender, John M.....Goshen General Hospital (PMR)

Bigler, Frederick W.....314 S. Fifth St. (ANES)
Bowser, Philip G.....107 S. Fifth St. (GP)
Chandler, Leon H.....112 E. Lincoln Ave. (GS)
Gunderson, Shaun D.....R. R. 3, Goshen Gen. Hosp. (R)
Haney, Leslie E.....112 S. Fifth St. (IM)
Harris, Neil R.....307 S. Seventh St. (GP)
Kennedy, Myron S.....P.O. Box 237 (GP)
Krabill, Willard S.....110 W. High Park Ave. (GP)
Massanari, Walter S.....211 Egbert Rd. (ANES)
Minter, Donald L.....110 W. High Park Ave. (IM)
Quilty, Thomas J.....112 E. Madison St. (OTO)
Smucker, Ernest E.....112 S. Fifth St. (GS)
Stoltzfus, Glenn B.....110 W. High Park Ave. (PD)
Troyer, Dana O.....201 E. Clinton St. (OPH)
Troyer, Weldon.....110 W. High Park Ave. (GP)
Turner, John P.....115 E. Washington St. (GP)
Young, Ralph H.....113 E. Madison St. (GP)

Cripe, Earl P.....119 Center St., Bremen, (46506) (GP)
Yoder, Carl J.....Middlebury (46540) (GP)
Rheinheimer, Floyd L.....Milford (46542) (GP)

Nappanee
(*Zip Code* 46550)

Graber, Alvin R.....357 N. Nappanee St. (GP)
Kendall, Forest M.....654 Woodland Ct. (GP)
Price, Douglas W.....162 E. Market St. (GP)
Roose, Lisle W.....357 N. Nappanee St. (GP)

DeFries, John J.....New Paris (46553) (GP)
Gorham, Charles E.....New Paris (46553) (GP)
Clark, Jack P.....Box 607 Syracuse (46567) (GP)
Craig, Robert A...P. O. Box 607, Syracuse (46567) (GP)
Fosbrink, Ephraim L.
218 S. Huntington St., Syracuse (46567) (GP)
Meyers, Wm. L.....Rt. 3 (GP)
Zimmerman, William H...R. R. 2, Syracuse (46567) (GP)
Guttman, John B.....Wakarusa (46573) (GP)
Miller, James.....Wakarusa (46573) (GP)

Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. (92037) (OO)
Wagner, David G.....750 MacArthur Blvd.,
Oakland, Calif. (94610) (GP)

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Guinigundo, Noli C.....R. R. 4, Shadow Dr. (GP)
Peters, Elmer E.....830 Main St. (GP)
Seal, Perry F.....901 Main St. (GP)

Connersville
(*Zip Code* 47331)

Angeles, Armando E.....124 E. 6th St. (GS)
Ellis, George M.....108 E. 10th St. (GP)
Hudson, Arlington M.....321 W. 20th St. (GP)
Kerrigan, William F.....707 West Third St. (GP)
Lockhart, Jack M.....707 W. Third St. (GP)
Mountain, Francis B.....930 Central Ave. (GP)
Neukamp, Frank H.....707 W. Third St. (GP)
Renforth, Wm.....612 Tulip Lane (GP)
Sanders, Bertram W.....634 Eastern Ave. (GP)
Steinem, Joseph L.....818 Grand Ave. (GP)

Grief, James V.
5831 E. Washington St., Indpls. In. (46219) (R)
Janes, Robt. Grant
Williamsburg E. #1202, Tuscaloosa, Ala. (35401) (R)
Mendoza, Felicisimo S.
710 W. Pky Dr., Cambridge City, (47327) (GP)

FLOYD COUNTY

Boha, Rudolf L.....Borden (47106) (GP)
Bickers, Everett E.
Route 2, Box 428, Floyd Knobs (47119) (GP)
Allen, George S.....Georgetown (47122) (GP)
Receveur, Paul E...Box 403, Jeffersonville (47130) (GP)
Baxter, Samuel M. (S)
31100 Centralia Court, Jeffersonville 47130 (OPH)

New Albany
(*Zip Code* 47150)

Baker, Avey M. (S).....811 E. Spring St. (GP)
Barbee John Y. Jr.,.....1919 State St. (OPH)
Best, Maurice M., Jr.....1233 Vance Ave. (CD)
Bowman, Leon.....2652 Charlestown Rd. (GP)
Brown, Kenneth H.....410 E. Spring St. (GP)
Buchman, Marshall H.....1824 State St. (GP)
Bundy, Vernon.....700 Spring St. (GS)
Cannon, Daniel H.....1203 E. Spring St. (GP)
Cook, Melvin D.....1919 State St. (GS)
Edwards, William F.....604 E. Spring St. (OTO)
Garner, William H., Jr.....919 E. Spring St. (GS)
Garner, William H., Sr. (S).....919 E. Spring St. (GS)
Harlowe, Stuart E.....15 Trimingham Rd. (U)
Hess, Paul P.....Floyd Co. Bank Bldg. (PD)
Higgins, John R.....700 E. Spring St. (GS)
Irigoyen, David E.....101 Adam (P)
Johnson, William V.....1919 State St. (R)
Jones, Thomas M.....1919 State St. (GP)
LaFollette, Donald R.....1000 E. Spring St. (GP)
LaFollette, Robert E.....1000 E. Spring St. (GP)
McCullough, James Y.....700 E. Spring St. (GS)
Nedelkoff, Bogdan.....R. R. 2, Box 500H (PATH)
Paris, John M.....1919 State St. (GP)
Pierce, Gene S.....112 Professional Arts Bldg. (GP)
Pope, Howard A.....1919 State St. (GP)
Receveur, Robert.....2626 Charlestown Rd. (GP)
Robertson, Addis N. (S).....820 E. Spring St. (GP)
Ruoff, William F.....1109 Lafayette Dr. (IM)
Shelton, Clyde F.....1726 State St. (PD)
Sonne, Irvin H., Jr.....1546 Sunset Dr. (R)
Streepey, Jefferson I.....1919 State St. (GP)
Tyler, Frank T. (S).....420 Vincennes St. (GP)
Voyles, Harry E. (S).....213 Elsby Bldg. (GP)
Wallace, Elmer L.....1919 State St. (GP)
Wolfe, Morton F.....1919 State St. (GP)
Wolfe, Nelson A.....1919 State St. (GP)
Worley, Henry L.....601 E. Spring St. (OPH)
Youngs, Paul E.....2652 Charlestown Rd. (GP)

FOUNTAIN-WARREN COUNTIES

Attica
(*Zip Code* 47918)

Petrich, Peter R.....401 S. Perry St. (GP)
Raymundo, Vivencio F.....646 Blackman St. (GP)

Covington
(*Zip Code* 47932)

Hoffman, Max N.....416 Union St. (GP)
Stephens, Lowell R.....600 East Liberty (IM)
Suzuki, Tsutomu T.....505 Washington St. (GP)

Brenner, Hugo A.....Williamsport (47993) (GS)
Person, Theodore C.....Veedersburg (47987) (GP)
Rusk, Hubert M.....Wallace (47988) (GP)
Nelson, Carl A.....West Lebanon (47991) (GP)
Ringer, William A.....Williamsport (47993) (GP)
Salvo, At S.....Williamsport, (ANES)

FULTON COUNTY

Herrick, Charles L.....Akron (46910) (GP)
Miller, Virgil C.....Akron (46910) (GP)
Kraning, Kenneth K.....Kewanna (46939) (GP)

Rochester
(*Zip Code* 46975)

Aluning, Pastor D. Jr.....819 E. Ninth St. (GS)
Richardson, Joseph D.....121 W. Eighth St. (GP)
Stinson, Dean K.....816 Main St. (GP)
Walton, F. Richard.....R. R. 2 (GS)

GIBSON COUNTY

Geick, Raymond G.....Fort Branch (47533) (GP)
Marchand, Edwin V. (S).....Haubstadt (47539) (GP)
Petitjean, Harold G.....Haubstadt (47539) (GP)
Dye, William E.....Oakland City (47560) (GP)

Princeton
(*Zip Code* 47570)

Graves, Orville M. (S).....116 S. Hart St. (GP)
McCarty, Virgil (S).....113 S. Main St. (GP)
McElroy, Robert S.....116 S. Main St. (GS)
Peck, James F.....302 N. Prince St. (GP)
Pruitt, Donald.....1818 Sherman (R)
Weitzel, Roland E.....114 S. Hart St. (GP)
Wells, William R.....109 E. State St. (GP)

GRANT COUNTY

Shrock, Ethan E.....Amboy (46911) (GP)
Malott, Fred R.....Converse (46919) (GP)
Yale, Charles A.....Fairmount (46928) (GP)
Koontz, William A.
126 E. Main St., Gas City (46933) (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City (46933) (GP)
Baskett, Russell J.....Jonesboro (47039) (GP)
Ramaprakash, H. N.....Fort Wayne (46807) (OBG)

Marion
(*Zip Code* 46952)

Abell, Charles F.....Professional Arts Center (ORS)
Alderfer, Henry H.....500 Wabash Ave. (IM)
Ayres, Wendell W.....500 Wabash Ave. (GS)
Bean, William J.....1251 Kem Rd. (D)
Belcher, Alan D.....Marion General Hosp. (R)
Bloom, Asa W.....610 River Dr. (GP)
Botkin, James E.....1251 Kem Road (OBG)
Boyer, Grace M. B. (S).....605 Locust St. (GP)
Brandes, David C.....123 River Rd. (U)
Brown, Robert M.....520 Marion Nat'l Bank Bldg. (GP)
Caldwell, Richard B.....2610 E. Bocock Rd. (GP)
Chan, John T.....P.O. Box 1111 (ANES)
Chaney, Robert D.....1326 Woodland Dr. (ANES)
Comeau, William J.....Marion General Hosp. (R)
Cunningham, Robert D.....500 Wabash Ave. (IM)
Davis, Joseph B.....131 N. Washington St. (GS)
Davis, Merrill S. (S).....131 N. Washington St. (GS)
Donaldson, Miles W.....2927 S. Washington St. (GP)
Dunbar, Fred E.....1251 Kem Rd. (GP)
Fisher, Henry.....1502 S. Washington St. (GP)
Fisher, Pierre J., Jr.....500 Wabash Ave. (GS)
Fuelling, James L.....217 E. Grant (OPH)
Ganz, Max.....1251 Kem Rd. (GP)
Garcia, Tierry.....131 N. Washington St. (OTO)
Garrison, Leon J. (S).....515 E. Main St. (GP)
Goldsmith, David A.....2711 River Rd. (IM)
Grant, M. Arthur.....P. O. Box 1088 (ANES)
Guevara, Frenita Bernal.....Marion Gen. Hosp (GP)
Guevara, Teodoro G.....607 Windsor Dr. (IM)
Hummel, Russel M.....500 Wabash Ave. (GP)
Jarrett, John C.....208 W. Fourth St. (OBG)
Jesch, Doris.....706 Gardner Dr. (PD)
Joshi, Prakash N.....131 N. Washington (IM)
Kershner, Charles R.....1251 Kem Road (ORS)
Khalouf, Herbert C.....1251 Kem Rd. (GS)
Khalouf, Shirley T.....1204 Overbrook Rd. (PMR)
Lahr, Richard E.....1121 W. Third St. (GP)
Lavengood, Russell W. (S).....114 W. 2nd St. (GP)
Long, Max R.....803 S. Boots St. (GP)
Lonngren, Dudley H.....611 Cardinal Lane (R)
Manalo, F. S.....801 Jeffras Ave. (ANES)
Miller, H. Allison.....320 Glass Block (GS)
Musselman, Lawrence K.....500 Wabash Ave. (P)
Pattison, John D.....131 N. Washington St. (IM)
Pearcy, Marcene.....111 Professional Arts Center (U)
Powell, J. Paxton.....500 Wabash Ave. (GS)
Rajachar, Mathikere R.....1725 Saxon Drive (IM)
Raju, S. Gopal.....131 N. Washington (GS)
Reid, James D.....500 Wabash Ave. (OPH)
Renbarger, Lester L.....1531 W. Second (GP)
Rhamy, Donald E.....500 Wabash Ave. (U)
Rhorer, John G.....500 Wabash Ave. (ANES)
Shuck, William A., Jr.....1251 Kem Rd. (GS)
Simmons, Frederick H.....1009 N. Baldwin (OTO)
Skomp, Claude.....1123 Euclid Ave. (R)
Smith, Barton T.....208 W. Fourth St. (OBG)
Smith, Evrett E.....Marion Gen. Hosp. (R)
Snowhite, Arthur B.....500 Wabash Ave. (OPH)
Thompson, B. Jay.....Marion General Hosp. (PATH)
Thompson, Samuel R.....500 Wabash Ave. (OPH)
Tomlinson, Jerry A.....Marion General Hosp. (PATH)
Walton, R. Lee.....4921 S. Western Ave. (PD)
Warren, Carroll B.....511 Glass Block (OBG)
Wilson, Ned A.....317 N. Western Ave. (PD)
Wojcik, Ladislas D.....131 N. Washington St. (PD)
Young, Robert G.....1207 Northwood Ct. (GP)

Beck, Thomas A.....Swayzee (46986) (GP)
Goetcheus, Janell A.....Upland (46989) (ADM)
Taylor, Everett C.....Upland (46989) (GP)
Rifner, Eugene S.....Van Buren (46991) (GP)
Rhamy, Arthur P. (S)....R. R. 5, Wabash (46992) (U)

GREENE COUNTY

Bloomfield
(*Zip Code* 47424)

Graf, Jerome A.....227 W. Mechanic St. (GP)
Lardizabal, Jose M.....55 N. Franklin St. (GP)
Mount, Mathias S.....148 S. Lewis St. (GP)
Turner, Harold B. (S).....126 E. Indiana Ave. (GP)

Jasonville
(*Zip Code* 47438)

Porter, Carl M.....124 Cook St. (GP)
Rotman, Harry G.....111½ E. Main St. (GP)
Rotman, Sam I.....P. O. Box 127 (GP)

Linton
(*Zip Code* 47441)

Bailey, Edwin B.....129 E. Vincennes (GP)
Broshears, Kenneth P.....129 E. Vincennes (GP)
Raney, Ben B.....129 E. Vincennes (GP)
Tomak, Milton E.....289 N. Main St. (GP)
Woner, John W.....Linton (GP)

Hayter, Robert.....Lyons (47443) (GS)
Powers, William R.....Lyons (47443) (OO)
Moses, George E. (S).....Worthington (47471) (GP)
Moses, Robert E.....Worthington (47471) (GP)

HAMILTON COUNTY

Havens, Oscar.....Cicero (46034) (GP)
Ayers, Marion E...7979 Englewood Rd., Indpls. (ANES)

Noblesville
(*Zip Code* 46060)

Ambrose, Jesse C.....298 N. Ninth St. (GP)
Blackburn, Howard R.....Riverview Hosp. (R)
Carter, Eunice M.....1084 Clinton St. (PD)
Hash, John S.....450 Lafayette Rd. (GS)
Haywood, John G.....110 Lakeview (GP)
Lanning, R. Adrian.....998 North Dr. (GP)
Lloyd, Joe R.....107 John St. (GP)
Waitt, Paul M.....450 Lafayette Rd. (GS)

Griffith, James W. (S).....Sheridan (46069) (GP)
Manhart, Doyle B.....Sheridan (46069) (GP)
Newby, Eugene.....Sheridan (46069) (GP)
Connoy, Leo F.....Westfield (46074) (GP)

Shanks, Ray W. (S)
1148 Lucerne Ave., Cape Coral, Fla. (33904) (GP)

HANCOCK COUNTY

Scott, Robert O.....Charlottesville (46117) (GP)
Garrison, James L.....Cumberland (46229) (GP)
Navin, Hugh K.....Fortville (46040) (GP)
Rhynearson, Hal R.....Fortville (46040) (GP)
Rhynearson, William R.....Fortville (46040) (GP)

Greenfield

(*Zip Code* 46140)

Adams, Max R. (S).....822 Oak Blvd. (GP)
Anderson, James T.....120 W. McKenzie Rd. (GP)
Beeson, Wilbur P.....120 W. McKenzie Rd. (GP)
Endicott, Wayne H.....120 W. McKenzie Rd. (GP)
Farrell, John J., Jr.....120 W. McKenzie Rd. (GP)
Henn, R. Anthony.....137 Michigan (GP)
Hensley, Harry T.....R. R., Box 70 (GP)
Hunter, Donn R.....120 W. McKenzie Rd. (GP)
Kinneman, Robert E.....Hancock Co. Mem. Hosp (GP)
Kirby, Ted C.....P.O. Box 707 (GP)
Moenning, John E.....120 W. McKenzie Rd. (GS)
Pareja, Frank S.....804 N. State St. (GP)
Rea, Ralph L.....120 W. McKenzie Rd. (GP)
Singco, Bienvenido O.....744 N. State St. (GP)
Smith, John H.....144 Grandison Rd. (GP)
Thomas, Andrew C.....10 W. Boyd St. (GP)
Vingis, Bronie A.....746 N. State St. (GP)

Cagle, Bob R.....New Palestine (46163) (GP)
Arive, Floro F.....Oaklandon (46236) (GP)
Miller, Joseph A.....Oaklandon (46236) (GP)
Kuhn, Robert W.....Wilkinson (46186) (GP)

HARRISON-CRAWFORD COUNTIES

Corydon

(*Zip Code* 47112)

Blessinger, Louis H.....101 W. Chestnut St. (GP)
Brockman, Wilfred J.....439 E. Chestnut (GP)
Dillman, Carl E.....Beaver & Oak Sts. (GP)
Dukes, David J.....439 E. Chestnut St. (GP)
Jordan, Richard A.....Harrison Dr. (GP)
Martin, Samuel W.....R. R. 1 (GP)

May, R. Milton (S).....Laconia (47135) (GP)
Seipel, Stanley.....Lanesville (47136) (GP)
Benz, Jesse C. (S).....Marengo (47140) (GP)

HENDRICKS COUNTY

Brownsburg

(*Zip Code* 46112)

Baker, Glenn.....Box 36 (GP)
Black, M. James.....Box 36 (GP)
Scudder, Arthur N.....24 N. Grant St. (GP)
Walker, Thomas M.....702 E. Main St. (GP)

Danville

(*Zip Code* 46122)

Cheesman, Donald D.....637 E. Main St. (GP)
Heinlein, Carl L.....100 Meadow Dr. (GP)
Hibbeln, Thos. J.....206 Meadow Drive (GS)
Kerlin, Joseph C.....100 Meadow Dr. (GP)
Kirtley, Robert W.....138 W. Marion St. (GP)
Koch, Elmer L.....201 E. Columbia St. (GP)
Terry, Lloyd S.....138 W. Marion St. (GP)

Ellis, Lyman H.....Lizton (46149) (GP)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville (46151) (GP)
Scamahorn, Malcolm O.....Pittsboro (46167) (GP)

Plainfield

(*Zip Code* 46168)

Calhoon, John P.....1655 Hawthorn Dr. (GP)
Clark, Eric D.....1655 Hawthorn Dr. (GP)
Cohen, Irving.....645 E. Main St. (GP)
Folkening, Mark N.....1655 Hawthorn Dr. (GP)
Hadley, David M.....R. R. 1, Almond Court (GP)
Haggard, David B.....119 S. Carr Rd. (GP)
Stafford, William C.....P. O. Box 97 (GP)

HENRY COUNTY

Donahue, Francis E.....Dublin (47335) (GP)
Miller, William A. (S)
99 S. Washington, Hagerstown (47346) (GP)
Stauffer, George E.....Mooreland (47360) (GP)

New Castle

(*Zip Code* 47362)

Bledsoe, James G.....319 S. 14th St. (GP)
Brock, Joseph T.....New Castle State Hosp. (N)
Burnett, Arthur B.....106 N. Main St. (OPH)
Cain, David R.....1912 Bundy Ave. (GP)
Campbell, Sam W.....901 McCormack Dr. (R)
Dye, Cloyd L.....1007 N. 16th St. (IM)
Easter, James N.....1912 Bundy Ave. (GP)
Fisher, John E.....1135 Woodlawn Dr. (IM)
Foster, Ray T.....420 N. Main St. (GS)
Grant, Phyllis A.....3007 S. 14th St. (GP)
Heilman, William C., Jr.....1007 N. 16th St. (OBG)
Heilman, William C. (S).....1007 N. 16th St. (GP)
Hill, Kenneth G.....710 South 14th St. (GP)
Iterman, George E. (S).....729 I Ave. (GP)
KinKade, Paul T.....1015 Broad St. (GS)
Life, Homer L.....1015 Broad St. (GS)
McDonald, Frank C.....365 Trojan Lane (GP)
McElroy, James S.....1813 Bundy Ave. (GS)
McKee, Roy G.....319 S. 14th St. (GP)
May, A. J.....540-C S. Main St. (GP)
Morec, George J.....1007 N. 16th St. (PD)
Paz, Luis.....1007 N. 16th St. (U)
Pollack, Seymour L.....New Castle Hosp (N)
Saint, William K.....540-B S. Main St. (GS)
Smith, Mark E.....1007 N. 16th St. (GS)
Steussy, Calvin N.....Henry Co. Hosp. (PATH)
Stricker, Paul J.....701 Fair Oaks Dr. (GP)
Vivian, Donald E.....Henry Co. Hosp. (R)
Webb, Joan L.....424 S. Main St. (P)
Webb, O. Lynn.....424 S. Main St. (GP)
Wiatt, Leonard H.....P. O. Box 255 (GP)
Wilhelm, Guido P.....1007 N. 16th St. (OBG)

Robertson, William S.....Spiceland (47385) (GP)
Burns, Winton H.
39 Kirby, Ft. Rucker, Ala. (36360) (ANES)
Shaffer, William
214 N. Franklin St., Greensburg (47240) (GP)

HOWARD COUNTY

Harvey, Emerson C., Jr.....Burlington Clinic, Burlington (46915) (OM)
Denton, Larkin D.....Greentown (46936) (GP)
Longshore, Robert E.....9034 Compton St., Indianapolis (46240) (OBG)
Gaboya, Ruben R.....Bunker Hill (46914) (IM)

Kokomo

(*Zip Code* 46901)

Alward, John H.....321 W. Walnut St. (GS)
Artis, Myrle E.....519½ N. Main St. (GP)
Bowers, Copeland C.....210 W. Mulberry St. (GP)
Bowers, Garvey B.....210 W. Mulberry St. (GS)
Bowers, John A.....210 W. Mulberry St. (OTO)
Bowman, John.....308 W. Taylor (P)
Bradley, Richard V.....3421 S. Lafountain (GP)
Brown, Richard J.....400 S. Berkley Rd. (U)
Bruegge, Theodore J.....P.O. Box 2044 (GS)
Clevinger, William G.....1303 Bagley Dr. (PATH)
Conley, Thomas M.....500 Southway Blvd., East (GP)
Craig, Reuben.....514 W. Superior St. (PD)

Crawford, Theodore R.....P.O. Box 2044 (IM)
Das, Amal K.....401 E. Reynolds Dr. (GP)
Doss, Jerome F.....3520 S. Lafountain (OBG)
Earl, Max M.....502 S. Berkley Rd. (IM)
Elleman, John H.....416 W. Mulberry St. (GP)
Ericson, Homer S.....107 S. Dixon Rd. (GP)
Fields, Donald L.....3520 S. Lafountain (PD)
Frazier, John L.....3421 S. Lafountain (IM)
Fretz, Richard C.....2008 W. Sycamore St. (GP)
Golper, Marvin N.....1907 W. Sycamore St. (R)
Good, Richard P.....3433 Lafountain (OTO)
Granda, Armando B.....109 DeMaison (GP)
Grothouse, Carl B.....400 S. Berkley Rd. (ORS)
Guin, Jere D.....400 S. Berkley Rd. (D)
Halfast, Richard W.....400 S. Berkley Rd. (ORS)
Harshman, James A.....St. Joseph Hospital (PATH)
Higgins, Jack W.....400 S. Berkley Rd. (GP)
Jewell, George M....610 Armstrong-Landon Bldg. (OTO)
Johnson, Darryl L.....3443 S. Lafountain (OPH)
King, Frank K.....401 Reynolds Dr. (TS)
Kremers, George A.....400 S. Berkley Rd. (U)
Lehman, David P.....4200 Millerwood Lane (ANES)
Lodde, Marvin B.....3500 Tally Ho Dr. (ANES)
McClure, Warren N.....319 S. Berkley Rd. (GP)
McIndoo, Ralph E. (S).....313 W. Taylor St. (GP)
Mendelson, Stanley M.....401 E. Reynolds Dr. (GP)
Michael, Robert L.....3423-C S. Lafountain (GS)
Miethke, Richard P.....Delco Radio Div. (OM)
Moore, John M.....3520 S. Lafountain (OBG)
Murray, Ernest C.....408 W. Mulberry St. (IM)
Musngi, Luciano P.....401 E. Reynolds (GP)
Paris, Durward W...614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L.....317 S. Berkley Rd. (GS)
Pesarillo, Servando N.....401 E. Reynolds (GP)
Phares, Robert W.....1907 W. Sycamore St. (ANES)
Prather, Philip E.....909 S. Courtland (GP)
Quakenbush, John.....3421 S. Lafountain (IM)
Radpour, Shokri.....315 S. Berkley Rd. (OTO)
Reul, George M.....1809 Carter #D-33 (GP)
Rudicel, Max.....1907 W. Sycamore St. (PATH)
Scherschel, Thomas R.....3423-B S. Lafountain (GS)
Schwartz, Frederick C.....2016 W. Sycamore (GP)
Sekulich, Milo.....St. Joseph Hospital (R)
Smith, Charles F.....Howard Community Hosp. (R)
Spangler, Jesse S. (S).....215 E. Taylor St. (GP)
Tignor, Sterling P.....401 E. Reynolds Dr. (GS)
Tofaute, John L.....3421 S. Lafountain (ORS)
Trimble, John G.....3520 S. Lafountain (OPH)
Van Denbark, Howard M...313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr.....3520 S. Lafountain (OBG)
Watson, Leo G.....3433 S. Lafountain (OPH)
Wilson, Norman K.....3421 S. Lafountain (ORS)

Ware, John R.....Russiaville (46979) (GP)
Hutto, William H.....Brutus, Mich. (49716) (GP)

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Blair, Richard G.....3 Parkmoor Dr. (GP)
Brubaker, Harold S.....42 W. Park Dr. (GP)
Casey, Stanley M. (S).....1465 N. Lafontaine (GS)
Clunie, William A.....323 W. Park Dr. (OTO)
Cope, Stanton E.....1022 N. Jefferson St. (GP)
Doermann, Paul E.....1775 N. Jefferson St. (GS)
Erehart, Mark G. (S)..Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S).....34 E. Washington St. (GP)
Gill, D. Richard.....1751 N. Jefferson St. (GP)
James, Thomas, Jr.....202 U. B. Publishing Bldg. (GS)
Marks, Howard H.....248 W. Park Dr. (GP)
Reyes, O. J.....1775 N. Jefferson (ANES)
Peare, Reeve B.....1751 N. Jefferson St. (GP)
Wagner, Richard.....1355 Guilford (GP)
Wheeler, Barth E.....818 W. Park Dr. (GP)

Cooper, B. Trent.....Roanoke (46783) (GP)
Bennett, J. B.....Warren (46792) (OBG)
McLaughlin, James R. (S).....Warren (46792) (GP)
Meiser, Robt. D.....P.O. Box 218 (85351)
Sun City, Ariz. (OTO)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R.....Brownstown (47220) (GP)
Shields, Jack E.....Brownstown (47220) (GP)
Bard, Frank B.
305 E. Howard St., Crothersville (47229) (GP)

North Vernon

(*Zip Code* 47265)

Calli, Louis J.....408 S. State St. (GP)
Johnson, William A.....245 Norris Ave. (GP)
Thayer, Benet W.....20 Jackson St. (GP)

Seymour

(*Zip Code* 47274)

Baxter, Harry R.....326 N. Walnut St. (GP)
Black, Joe M.....502 W. Second St. (GP)
Blaisdell, William F.....207 N. Pine St. (GP)
Bobb, Kenneth E.....410 S. Chestnut St. (GP)
Bosch, Ralph.....930 South Dr. (GP)
Day, William D.....515 W. 6th St. (GS)
Graessle, Harold P. (S).....304 W. Second St. (GP)
Knotts, Slater.....650 Greenway Ct. (R)
Linson, John C.....205 Pine St. (GP)
Miller, Harold E.....303 S. Walnut St. (GP)
Ripley, John W.....321 Bruce St. (GP)
Templeton, Ian S.....400 N. Jackson Park Dr. (GS)
Wiethoff, Clifford A.....1131 Medical Place (GS)

JASPER COUNTY

Schantz, Richard.....Remington (47977) (GP)

Rensselaer

(*Zip Code* 47978)

Ahler, Kenneth J.....Box 317 (GP)
Beaver, Ernest R.....111 Thompson St. (GP)
Greenberg, H. L.....Box 295 (R)
Greene, Robert W.....116 N. Cullen (GP)
O'Brien, Francis E. McKinley and Washington Sts. (GP)
Ockermann, Kenneth R.....119 W. Harrison St. (GP)
Williams, Paul A.....P. O. Box 317 (GP)

JAY COUNTY

Dunkirk

(*Zip Code* 47336)

Entner, Charles L. (S).....226 S. Meridian St. (GP)
Tate, Elizabeth.....317 S. Main St. (GP)

Andrews, C. Franklin.....R. R. 1, Geneva (46740) (GP)
Donnally, George.....R. R. 1, Geneva (46740) (GP)
Rudolph, R. A. Jr.
1 Wiltshire Rd., Muncie (47304) (PATH)
Spahr, Donald E.....6142 Midnight Pass Rd.
Sarasota, Fla. (33581) (ANES)

Portland

(*Zip Code* 47371)

Cripe, William H.....302 N. Meridian St. (GP)
Fitzpatrick, James S.....603 W. Arch St. (GS)
Gillum, Eugene M.....522 W. Arch St. (GP)
Keeling, Forrest E. (S).....504 W. Arch St. (PD)
Lopez, Alfonso.....717 West High St. (GP)
Nasr, Amin T.....Jay Co. Hosp. (PATH)
Schenck, Ralph E.....603 W. Arch St. (GS)
Steffy, Ralph M.....504 W. Arch St. (GP)
Vormohr, Joseph F.....604 W. Arch St. (GP)

JEFFERSON-SWITZERLAND COUNTIES

Madison
(*Zip Code* 47250)

Alcorn, Merritt O.....R. R. 2 (PATH)
Bascom, Karleen A.....Madison State Hospital (P)
Burcham, James B.....Madison State Hospital (GP)
Childs, Wallace E.....112 Presbyterian Ave. (R)
Fong, Theodore C. C.....Madison State Hosp. (P)
Graves, Noel S.....Madison Clinic (GP)
Hare, Francis W., Jr.....722 W. Main St. (IM)
Harnden, Hurlbut L.....426 E. Main St. (GS)
Harris, George F.....445 Clifty Dr. (GP)
Heaton, Elton.....King's Daughters' Hospital (PATH)
Jackson, Howard C.....104 E. Third St. (GP)
Johnson, Robert D.....722 W. Main St. (GP)
Love, John W.....Madison State Hospital (P)
McAtee, Ott B.....Madison State Hospital (P)
Modisett, Jackson W.....722 W. Main St. (GP)
Modisett, Marcella S.....722 W. Main St. (GP)
Pavelka, Ronald P.....722 W. Main St. (ORS)
Petway, Allen P.....Jefferson Proving Ground (GP)
Pratt, Ralph M., Jr.....323 Poplar St. (P)
Riley, Henry S.....722 W. Main St. (OBG)
Rogers, Donald B.....Madison State Hospital (P)
Rucker, Warren R.....302 Jefferson St. (IM)
Shuck, William A.....Odd Fellows Bldg. (GS)
Sloan, W. Keith.....426 E. Main St. (GS)
Turner, Anna Goss (S).....Box 313 (ANES)
Zink, Robert O.....722 W. Main St. (GP)

Valenzuela, Diego C.....305 E. Main St., Vevay (47043) (GP)
Gishermann, A. B.
1827 State St. New Albany (47150) (GP)
Hammitt, Karleen...Cincinnati, Ohio (45219) (Resident)

JOHNSON COUNTY

Deogracias, Francisco D.
R. R. 1, Edinburg (46124) (GP)

Franklin
(*Zip Code* 46131)

Andrews, Hugh K.....1035 W. Jefferson St. (GP)
Bullers, Robert C.....395 S. Home Ave. (GS)
Bullington, Geo. E.....1230 E. King St. (GP)
Chappel, Alfred T.....100 N. Main St. (GP)
Chiu, F. Luke.....1107 North Main St. (OBG)
Deppe, Charles F.....301 E. Jefferson St. (ANES)
Ferrara, Joseph F.....Box 6, 1107 N. Main St. (GS)
Foster, Robert H. K.....301 E. Jefferson St. (GP)
Gannon, Anthony.....251 E. Jefferson (GP)
Gilliland, John E.....176 E. Jefferson St. (OBG)
Hibbs, William G. (S).....Masonic Home (IM)
Jones, Charles A.....251 E. Jefferson St. (ANES)
Mock, Harry E., Jr.....901 N. Main St. (GS)
Nalley, James.....1035 W. Jefferson St. (GP)
Palmer, Harley P...Johnson County Mem. Hosp. (PATH)
Province, William D.....100 N. Main St. (IM)
Records, Arthur W. (S).....216 Jefferson St. (GP)
Records, John M.....198 E. Jefferson (GP)
Reynolds, Paul.....1035 W. Jefferson St. (GP)
Ritteman, George W....Johnson Co. Memorial Hosp. (R)
Roller, Mac C.....1551 N. Main St. (GP)
Slifer, E. Doyle.....1265 W. Adams Dr. (PATH)
Walters, Jack L.....1551 N. Main St. (GP)
Waymire, William M.....101 N. Walnut St. (GP)
Weber, Steven A.....198 E. Jefferson St. (IM)
Wesemann, Merrill M.....251 E. Jefferson St. (GP)

Greenwood
(*Zip Code* 46142)

Barnes, Helen Beall.....360 S. Madison (PD)
Brown, George E.....374 S. Madison Ave. (GP)
Link, Charles W., Jr.....365 E. Main St. (GP)
Machledt, John H.....243 S. Madison Ave. (GP)
Ogle, Robert W.....360 S. Madison Ave. (GP)
Sheek, Kenneth I.....360 S. Madison Ave. (GP)
Small, George R., Jr.....360 S. Madison Ave. (GP)
Tiley, George A.....41 N. Madison Ave. (GP)
Young, Joseph W.....365 E. Main St. (GP)

KNOX COUNTY

Byrne, Robert J..207 N. Main St., Bicknell (47512) (GP)
Moore, Robt. Gardner (S).....R. F. D. 1, Bicknell (47512) (GP)
Springstun, George H. (S).....Oaktown (47561) (GP)

Vincennes
(*Zip Code* 47591)

Anderson, John B.....P.O. Box 977 (GS)
Arbogast, Paul B.....915 Main St. (GS)
Barrett, Thomas L.....307 S. Fifth St. (PD)
Bartlett, Donald T.....307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S).....220 N. Fifth St. (GP)
Black, Boyd K.....Good Samaritan Hospital (PATH)
Buehl, Frederick.....Good Samaritan Hosp. (P)
Bueser, Rudsen M.....410 S. 7th St. (R)
Cantwell, Edgar R.....202 Broadway St. (OPH)
Chattin, Herbert O.....729 Main St. (GP)
Coffel, Melvin H.....214 Buntin St. (OTO)
Combs, Daniel J.....1325 McDowell Rd. (IM)
Curtner, Myron L. (S).....222 N. Sixth St. (GS)
Dayson, Louie O.....218 Security Bank Bldg. (IM)
Elliott, Richard.....615 DuBois St. (U)
Ewing, Nathaniel D.....719 Nicholas (GS)
Floyd, Malcolm S.....Good Samaritan Hospital (R)
Haswell, John.....607 Dubois St. (OBG)
Hendrix, Charles E.....Box 686 (IM)
Herman, Daniel J.....609 DuBois St. (ORS)
Humphreys, Joe E.....1516 N. Second St. (GP)
Jacqmain, Ralph J.....621 S. Seventh St. (GP)
Lopez, Efrem R.....301 American Bank Bldg. (ANES)
McDowell, Mordecai M.....1322 Audubon Rd. (IM)
McMahan, Virgil C.....609 Dubois St. (GP)
Miller, Charles L....510 American Bank Bldg. (ANES)
Murray, John S.....317 Security Bank Bldg. (IM)
Nichols, Robert J.....P.O. Box 907 (R)
Parmenter, Harry B..301 American Bank Bldg. (ANES)
Shaffer, Kenneth L.....302 Main St. (OTO)
Shanklin, Jack L.....702 Vigo St. (GP)
Smith, Ralph O.....Box 686 (IM)
Spencer, Frederic.....902 Perry St. (OBG)
Stein, Richard H.....301 American Bank Bldg. (ANES)
Stewart, J. Frank W.....P.O. Box 513 (PUD)
Vaughn, Walter R.....615 Dubois St. (U)
Welch, Norbert M.....615 Dubois St. (U)
von der Lieth, William C.....14 N. Third St. (GS)

Noveroske, Richard John.....3901 Lincoln, Evansville (47715) (R)

KOSCIUSKO COUNTY

Wilson, Wymond B.....Mentone (46539) (GP)

Warsaw
(*Zip Code* 46580)

Arford, John E.....827 S. Union St. (GP)
Baum, John R. (S).....212 S. Indiana (GS)
DuBois, Charles C. (S).....800 E. Center St. (GP)
Hashemi, Hossein.....602 S. Buffalo (GS)
Haymond, George.....600 E. Winona Ave. (GS)
Keough, Thomas F.....600 E. Winona Ave. (IM)
Moser, Arthur L.....600 E. Winona Ave. (GP)
Parke, William C.....600 E. Winona Ave. (OBG)
Pullman, George R.....Murphy Medical Center (R)
Ros, George A.....827 S. Union St. (GS)
Snider, Roland.....604 E. Winona Ave. (GP)

LAGRANGE COUNTY

Mattox, Dean L.....Howe (46746) (GP)
Taylor, M. Reed, Jr.....Howe (46746) (GP)
Yunker, Philip E.....Howe (46746) (GP)

LaGrange
(*Zip Code* 46761)

Flannigan, Harley F.....213 W. Lafayette (GP)
Mellinger, Michael O.....Medical Bldg. (GP)
Studebaker, Lloyd R.....300 N. Townline Rd. (GP)
Willard, Richard.....R. R. #1 (GP)

Martin, Allen S.....Shipshewana (46565) (GP)

Colligan, Francis X.....Topeka (46571) (GP)
Lehman, Kenneth M.....Topeka (46571) (GP)
Hamer, John L.....Fort Wayne (46805) (GP)

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Babcoke, Gary A.....R. R. 2, Box 337 (GP)
King, Robert W.....R. R. 1, Box 6 (GP)
Miller, Donald C.....R. R. 2, Box 337 (GP)
Misch, William.....R. R. 2, Box 337 (GP)
Steward, Paul W.....R. R. 2, Box 337 (GP)

Lopez, Filemon P.....212 Joliet, Dyer (46311) (GP)

Crown Point

(*Zip Code* 46307)

Beckman, Arthur.....12110 Grant St. (GP)
Birdzell, John P.....124 N. Main St. (GP)
Carpenter, Bennie F.....123 N. Court St. (GP)
Carroll, Mary E.....124 N. Main St. (GP)
Du Sold, Donald D.....306 E. Joliet St. (P)
Gutierrez, Peter E.....12110 Grant St. (GP)
Han, Daniel.....12317 Kingfisher Rd. (PATH)
Horst, William N.....123 N. Court St. (GP)
Russo, Andrew E.....12110 Grant St. (GP)
Steele, Everett B.....318 S. East St. (GP)

East Chicago

(*Zip Code* 46312)

Barron, Elmer A.....3414 Michigan Ave. (GP)
Beiser, George D.....4321 Fir St. (CD)
Benchik, Frank A.....4712 Magoun Ave. (GP)
Beruben, Miguel F.....3717 Main St. (GP)
Boys, Fay F. (S).....4712 Magoun Ave. (GS)
Broomes, Edward L. C.....2402 Broadway (GP)
Bryant, Edward G.....2220 Broadway (GP)
Dainko, Alfred J.....915 W. Chicago Ave. (GS)
Dimailig, Gregorio H.....1802 Columbus Dr. (GP)
Dizon, Gualberto R., Jr.....3406 Guthrie St. (GP)
Downs, Kenneth R.....3210 Watling St. (OM)
Dumanian, Ara V.....1820 E. Columbus Dr. (CD)
Dunning, Preston M.....3210 Watling (OM)
Fleischer, Jacob C.....4035 Elm St. (GP)
Frahm, Charles.....St. Catherine's Hosp. (IM)
Giragos, Henry G.....1820 E. Columbus Dr. (TS)
Given, Gilbert Z.....3926 Main St. (PD)
Greenberg, Burton H.....4321 Fir St. (CD)
Grosso, William G.....1919 E. Columbus Dr. (GP)
Hammer, Michael.....4035 Elm St. (OBG)
Harper, James W.....3847 Euclid (GP)
Hernandez, I. C.....1802 Columbus Dr. (GP)
Hooker, Rex R.....3001 Dickey Rd. (OM)
Jacobo, Miguel J.....1419 Carroll St. (GP)
Kopanko, Bernard F.....915 W. Chicago Ave. (GS)
Lona, Marco A.....3619 Main St. (IM)
Mangahas, Violeta R.....4321 Fir St. (ANES)
Marks, Ora L.....815 W. Chicago Ave. (OBG)
Martirez, Napoleon A.....4710 Indianapolis Blvd. (TS)
Milan, Shijachki D.....622 W. Chicago Ave. (GP)
Nicosia, John B.....1802 E. Columbus Dr. (GS)
Noe, Joseph T.....Inland Steel Co. (GPM)
Payne, Arthur C. (S).....2020 Broadway (GP)
Ramos, John C.....P.O. Box 3518 (GP)
Reitman, Paul H.....4321 Fir St. (R)
Romero, Plinio.....3807 Main St. (GP)
Shulruff, Harry I.....3701 Main St. (OTO)
Teegarden, Joseph A., Jr...1919 E. Columbus Dr. (GP)
Teplinsky, Louis L.....1802 E. Columbus Dr. (ANES)
Thegze, George A.....4712 Magoun (GP)
Volan, George J.....405 W. Lincoln Hwy. (GS)
Zivich, John M.....3701 Main St. (GP)

Gary

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L.....3290 Grant St. (08) (GP)
Agana, Adriano A.....5000 W. Ridge Rd. (08) (GP)
Alfano, Paul A.....2717 Wabash (04) (GS)
Ambrozaitis, Kazys.....1600 W. Sixth Ave. (02) (R)
Balter, Eugene.....1600 W. Sixth Ave. (02) (R)
Barthelemy, Douge.....2318 W. 5th Ave. (02) (PD)
Barton, Reginald R.....427 S. Lake (03) (GP)
Bergal, Milton B.....2318 W. Fifth Ave. (04) (GP)
Bernard, Marvin R.....4431 Broadway (09) (NS)
Bills, R. James.....504 Broadway (02) (GS)
Bills, Robert N. (S).....504 Broadway (02) (GS)
Boone, Clarence W.....2200 Grant St. (04) (OBG)
Bornstein, Herschel.....3233 Broadway (09) (GP)
Brandman, Harry.....504 Broadway (02) (P)
Brown, Leo R.....3290 Grant St. (08) (GP)
Burton, Robt. L.....215 Broadway (IM)
Cabrera, Pelayo B...St. Mary Mercy Hosp. (02) (PATH)
Carey, J. Albert.....2964 W. 11th Ave. (04) (GP)
Carmody, Raymond F.....5284 Broadway (08) (OTO)
Choslovsky, Sydney.....Methodist Hosp. (02) (R)
Chube, David D.....1649 Broadway (07) (GP)
Cooper, Leo K.....504 Broadway (02) (ORS)
Custodio, Alexander O.....Methodist Hosp. (PATH)
Daniel, Robert A.....427 South Lake St. (03) (PD)
Darling, Dorothy R.....807 Fayette (03) (ANES)
Davidson, Charles O.....2200 Grant (04) (OBG)
De Bois, Elon.....2200 Grant St. (04) (GP)
Deschamps, Domenico J.....3290 Grant St. (08) (P)
Dierolf, Edward J.....504 Broadway (02) (GP)
Disney, Charles T.....504 Broadway (02) (GPM)
Doneff, Ronald H.....5490 Broadway Plaza (08) (D)
Doumanian, Heratch O.....540 Tyler St. (02) (R)
Duncan, John S. (S).....2165 W. 11th Ave. (04) (GP)
English, Hubert M. (S).....673 Broadway (02) (GP)
Espy, Theodore R.....1901 Broadway (07) (GP)
Fisher, Forrest.....215 Broadway (OM)
Gilles, Pierre.....2200 Grant St. (04) (OTO)
Goldberg, Harold B.....3656 Grant (08) (GP)
Golding, Robert F.....Mercy Hosp. (02) (ANES)
Goldstone, Adolph.....3229 Broadway (09) (GP)
Goldstone, Arthur.....4676 Jefferson Pl. (08) (GP)
Goldstone, Joseph (S).....3229 Broadway (09) (GP)
Goldstone, Robert J.....3229 Broadway (09) (OBG)
Goldstone, Sidney R.....535 W. 35th Ave. (08) (GP)
Grant, Benjamin F.....1706 Broadway (07) (GP)
Gregoline, Eugene.....4655 Broadway (09) (OBG)
Hedrick, James T.....2200 Grant St. (04) (GP)
Holliday, Alfonso.....2200 Grant St. (04) (GS)
Johnson, Arnold L.....2200 Grant St. (04) (OBG)
Kamen, Jack M.....540 Tyler St. (02) (ANES)
Kendrick, Frank J. (S).....P.O. Box 66 (01) (D)
King, John Thomas.....4655 Broadway (09) (OBG)
Kobrin, Meyer W.....3229 Broadway (09) (GP)
Kopcha, Joseph E.....504 Broadway (02) (OBG)
Korn, Jerome M.....3290 Grant St. (08) (GP)
Lebioda, Henry S.....5490 Broadway Plaza (08) (GP)
Lewis, Lucien A.....2200 Grant St. (04) (PD)
Lewis, William R.....4395 W. 5th St. (06) (GP)
Lipschutz, Harold.....3290 Grant (08) (R)
Lipsey, Alfred J.....3290 Grant (08) (R)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping.....1600 W. Sixth Ave. (02) (PATH)
Lopez, Santiago A.....4655 Broadway (09) (OBG)
Lorenty, Thaddeus B.....504 Broadway (02) (GP)
Lovell, Martin H. (S).....120 W. 25th Ave. (02) (GP)
Lutz, Georgianna (S).....504 Broadway (02) (GP)
Lytwakiwsky, Anatol.....8700 Forrest Ave. (03) (GP)
McDonald, Walter E.....2200 Grant St. (04) (GS)
Madrilejo, Nora G.....P.O. Box 9007 (01) (ANES)
Manzano, Edmundo.....540 Tyler St. (ANES)
Marcus, Morris C. (S).....3229 Broadway (09) (OTO)
Martino, Robert S.....5587 Broadway (09) (ORS)
Mason, Earl.....540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)

Milius, Elena.....1600 W. Sixth Ave. (02) (R)
Milos, Robert J.....504 Broadway (02) (TS)
Minczewski, Richard C.
5490 Broadway Plaza (08) (GP)
Mitchell, Georgia B.....1706 Broadway (07) (GP)
Molengraft, Cornelius J.....504 Broadway (02) (OBG)
Moore, Edwin G.....26 E. 15th Ave. (07) (GP)
Morfa, Eladia M.....3290 Grant St. (08) (PATH)
Nazon, Yvon J.....1649 Broadway (07) (OBG)
Nelson, Walfred A.....559 S. Lake St. (03) (GP)
Nowlin, William F.....570 McKinley (04) (GS)
Oberlander, Seymour.....3290 Grant St. (08) (IM)
Olivo, Marciano T.....1600 W. Sixth Ave. (02) (ANES)
Parratt, Louis W.....708 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (12) (GP)
Pettis, Arthur G.....Methodist Hosp. (02) (ANES)
Platis, James M.....504 Broadway (02) (PS)
Rankin, Francis E.....1901 Broadway (OO)
Rosenbloom, Philip J. (S).....571 Lincoln St. (02) (PH)
Ross, David E., Jr.....2318 W. 5th Ave. (04) (GP)
Roth, Leo.....3229 Broadway (09) (ORS)
Rubin, Simon S.....504 Broadway (02) (A)
Ryan, Hubert J. (S).....5490 Broadway Plaza (09) (PD)
Saavedra, Bernardo.....5800 Broadway (08) (NS)
Sala, Joseph J.....2705 Wabash (04) (GS)
Sala, Walter R.....2705 Wabash (04) (GP)
Semerdjian, Aram.....540 Tyler St. (R)
Shapiro, Joseph.....386 Mount St. (04) (GP)
Spellman, Frank W.....401 S. Lake (03) (GP)
Stern, Mona K.....7535 E. Harold St. (03) (GP)
Thomas, Daniel D.....3290 Grant St. (08) (GP)
Thomas, Gerald J.....3290 Grant St. (08) (GS)
Valencia, Monico
2606 Central Ave., East Gary (05) (GP)
Veluz, Mario I.....P.O. Box 882 (02) (ANES)
Voorhies, McKinley...1940 Massachusetts St. (07) (GP)
Wharton, Russell O. (S).....6559 Ash Place (03) (OO)
Wigutow, Marcus.....535 W. 35th St. (08) (P)
Williams, Alexander S.....436 W. 25th Ave. (07) (GP)
Williams, Carl N.....1902 W. 11th Ave. (04) (GP)
Williams, Edwin D.....436 W. 25th St. (07) (GP)
Wilson, Norman J.....600 Grant St. (02) (TS)
Wolf, Robert A.....535 W. 35th Ave. (08) (GP)
Yocum, Paul S., Jr.....504 Broadway (02) (OPH)
Yocum, William S.....3656 Grant St. (08) (GP)
Young, Robert L.....504 Broadway (02) (OPH)
Zucker, Edward.....504 Broadway (02) (PS)

Griffith

(*Zip Code* 46319)

Cespedes, Carlos A.....401 N. Broad St. (GP)
Lundeberg, Ralph A.....1212 N. Broad St. (GP)
Purcell, Richard J.....433 N. Glenwood Dr. (GP)
Siekierski, Joseph M.....145 N. Griffith (GP)
Young, George M.....1004 Ryome Dr. (GP)

Hammond

(*Zip Code* 463 *plus zone number*).

Aaron, Michael B.....7127 Indianapolis Blvd. (24) (D)
Balaguer, Carmen V.....20 Kenwood St. (24) (ANES)
Bethea, Dennis A. (S).....1021 Field St. (20) (GP)
Brennan, Bess B.....2450 169th St. (23) (D)
Cotter, Edward R.....2415 169th St. (23) (GP)
Dizon, Belen R.....St. Margaret Hosp. (20) (ANES)
Eggers, Ernest L. (S).....635 165th St. (24) (GP)
Egnatz, Nicholas.....30 Douglas Ave. (20) (GS)
Farinas, Cirilo.....25 Douglas St. (20) (PATH)
Ferry, John L.....2450 169th St. (23) (IM)
Fischer, Burnell.....49 Indi-Illi Park (24) (ANES)
Friedman, Isadore E. 7217 Indianapolis Blvd. (24) (OTO)
Gevirtz, Milton B. (S).....7142 Hohman (24) (GP)
Harvey, David M.....429 Conkey St. (24) (ORS)
Kaufman, Alan J.....30 Douglas St. (20) (NS)
Keskin, Ibrahim.....5217 Hohman Ave. (20) (ANES)
Kolanko, Leon A.....30 Douglas St. (20) (GP)
Koransky, David S.....6850 Hohman Ave. (24) (OPH)
Kuhn, Hedwig S. (S).....7142 Hohman (24) (OPH)
Lacera, Donaldo.....St. Marg. Hosp. (20) (PATH)
LaFollette, Forrest R.....2450 169th St. (23) (GP)
Levin, Harvey J.....2450 169th St. (23) (GS)
Madarang, Napoleon.....2450 169th St. (23) (GP)
Mangahas, Jovencio P...6920 Barrie Lynn Rd. (23) (GP)
Manley, Floyd.....6010 Columbia Ave. (20) (GP)
Marks, Salvo P.....6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.5217 Hohman Ave. (20) (ANES)
Mason, Richard L.....132 Rimbach St. (20) (R)
Medina, Herbert M.....2450 169th St. (23) (GP)
Montes, Herminio Y...5217 Hohman Ave. (21) (ANES)
Nunez, Gilbert T.....8332 Kennedy Ave. (23) (GP)
Palmer, Barron M. F.....6134 Columbia (20) (GP)
Peck, Edward A.....6422 Moraine Ave. (24) (GP)
Peiffer, Geraldine M.St. Margaret Hospital (20) (ANES)
Pilot, Jean.....5231 Hohman Ave. (20) (PATH)
Polite, Nicholas L...7127 Indianapolis Blvd. (24) (OBG)
Premuda, Franklin F.....7042 Woodmar Ave. (23) (PD)
Ramker, Daniel T.....7040 Kennedy Ave. (23) (GP)
Reed, Ronald R.....2450 169th St. (23) (IM)
Rhind, Alexander W. (S).....422 Conkey St. (24) (GP)
Rosenthal, Carl.....St. Margaret Hosp. (20) (R)
Sabo, Wm. J.....429 Conkey St. (23) (ORS)
Schwartz, Mary M.....7315 Forest Ave. (24) (ANES)
Solis, Roger V.....430 Conkey St. (24) (OBG)
Stasick, Murray.....7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H.....2450 169th St. (23) (IM)
Stern, Samuel L.....5231 Hohman Ave. (20) (IM)
Tanrikulu, Oran.....2450 169th St. (23) (PD)
Tilka, Edward C.....7134 Calumet Ave. (24) (GP)
Troy, Jack M.....2450 169th St. (23) (PD)
Tyrrell, Thomas C.....25 Douglas St. (20) (GS)
White, Gilbert H., Jr.....6429 Kennedy Ave. (22) (GP)
Willardo, Albert T.....30 Douglas St. (20) (GP)
Wong, Samuel N.....30 Douglas St. (20) (GS)
Zallen, Stanley G.....6933 Kennedy Ave. (23) (GP)

Highland

(*Zip Code* 46322)

Angel, Virgil E.....2933 Jewett (GP)
Bonaventura, A. P.....2914 Highway St. (GP)
Eugenides, Tatiana.....8136 Kennedy (PD)
Florcruz, Arturo R.....3605 43rd St. (GP)
Gonzales, Sesinando A.....2513 Highway Ave. (OBG)
Jimenez, Feliciano.....7950 S. Kennedy Ave. (IM)
Min, David.....9219 Indianapolis (OBG)
Lutz, Andreas L.....8136 Kennedy Ave. (OBG)
Rosales, Marina N.....8127 Kennedy Ave. (PD)
Serna, Carlos A.....2342 Ridge Rd. (IM)
Sroka, Stanley J.....2942 Highway Ave. (GP)
Trepagnier, Francis B.....8123 Kennedy Ave. (OTO)
Urbanski, Walter P.....2513 Highway Ave. (OBG)

Vergara, Abelardo F.....642 N. Lucerne
Los Angeles, Calif. 90004 (OM)

Hobart

(*Zip Code* 46342)

Carter, John O.....295 S. Wisconsin (GP)
Kellar, Philip E.....904 W. Ridge Rd. (GP)
Krsek, Archie J.....10 N. Michigan Ave. (GP)
Parker, Harry C. (S).....831 Garfield St. (OTO)
Pike, Warren H.....108 E. Third St. (GP)
Reed, John J.....10 N. Michigan Ave. (IM)
Stookey, Richard D.....295 S. Wisconsin (GP)
Wylie, Robert R.....904 W. Ridge Rd. (GP)

Lowell

(*Zip Code* 46356)

Smith, Robert D.....308 E. Commercial (GP)
Templin, David B.....Lowell Clinic (GP)

Merrillville

(*Zip Code* 46410)

Alvarez, Paul.....7863 Broadway (GP)
Amico, Pasquale J.....6111 Harrison St.(PUD)
Bichalho, Jose F.....6111 Harrison St. (OO)
Brasovan, Srbislav.....6111 Harrison St. (OBG)
Brinko, John.....6111 Harrison St. (U)
Carberry, Geo. A.....6111 Harrison St. (OBG)
Carbone, Jos. A.....6111 Harrison St. (PD)
Chip, Jerold N.....6111 Harrison St. (IM)
DeMelo, Luiz P.....6111 Harrison St. (ORS)
Doherty, Raymond J.....47 W. 68th Place (GP)
Fadul, Armand.....47 W. 68th Pl. (IM)
Gehring, Thomas A.....6111 Harrison St. (GP)
Glover, Wm. J.....6111 Harrison St. (GS)
Goodwin, Thomas G.....6111 Harrison St. (GP)
Hadey, James H.....6111 Harrison St. (OBG)
Hoit, Leonard.....7863 Broadway (D)
Hovanessian, Raffy A.....7863 Broadway (IM)
Jahns, A. A.....7863 Broadway (ORS)
Kmak, Chester J.....6111 Harrison St. (OBG)
Kolettis, John G.....6111 Harrison (GP)
Leman, Eugene.....6111 Harrison St.
Mayorga, Alfredo.....5490 Broadway (GP)
Mirich, Ernest C.....960 W. 66th Ave. (IM)
Mirro, John A.....6111 Harrison St. (GP)
Monroe, F. Bruce.....P.O. Box 8166 (GS)
Olson, L. Dale.....7863 Broadway (ORS)
Ornelas, Joseph P.....6111 Harrison St. (GP)
Pappas, Eddie T.....6429 Arthur St. (GP)
Phillips, Donald.....647 E. 78th Place (GP)
Pierson, Howard.....6111 Harrison St. (GP)
Pruitt, Jacob E.....6111 Harrison St. (GP)
Radigan, Leo R.....6111 Harrison St. (TS)
Richter, Samuel.....6111 Harrison St. (U)
Roig, Jose H.....6111 Harrison St. (OPH)
Scully, John T.....6111 Harrison St. (IM)
Shapiro, Seymour W.....6111 Harrison St. (GS)
Slama, Geo. F.....6111 Harrison St. (GP)
Slama, John T.....6111 Harrison St. (GP)
Turgi, Robert W.....6111 Harrison St. (OTO)
Valenzuela, Roberto.....5490 Broadway (GP)
Valenzuela, Sofia.....5490 Broadway (PD)
Weiskoff, Henry S.....7863 Broadway (OPH)
Wideman, Frederick.....6111 Harrison St. (TS)
Yast, Charles J.....6111 Harrison St. (OTO)

Munster

(*Zip Code* 46321)

Adler, Fred.....509 Ridge Rd. (IM)
Ahn, Kyung J.....1328 Fischer (GS)
Allegretti, Michael L.....7905 Calumet Ave. (GP)
Alt, Edward M. Jr.....7550 Hohman (GP)
Angulo, Edilberto D.....110 Ridge Rd. (PD)
Arbeiter, Herbert I.....7550 Hohman Ave. (PD)
Arrowsmith, James L.....513 Ridge Rd. (U)
Auburn, Richard P.....7905 Calumet Ave. (GS)
Beconovich, Robert.....7905 Calumet Ave. (GP)
Bleza, Maximo.....7905 Calumet Ave. (GP)
Bombar, Leslie E.....7905 Calumet Ave. (GP)
Branco, Arthur M.....7905 Calumet Ave. (GS)
Brenner, Howard B.....7905 Calumet Ave. (OBG)
Broderdsen, James D.....7936 Monroe (OPH)
Cha, Jin S.....7905 Calumet Ave. (OBG)
Chael, Thomas C.....7905 Calumet Ave. (GP)
Church, Robert A.....110 Ridge Rd. (GP)
Costello, Albert J.....110 Ridge Rd. (OBG)
de la Cotera, Frederick G.....7905 Calumet Ave. (U)
DePorter, Louis A.....7905 Calumet Ave. (GP)
Dragomer, Andrei.....1230 Fran-lin Pkwy (GP)
Eggers, Henry W.....110 Ridge Rd. (OBG)
Engelking, David F.....7905 Calumet Ave. (IM)
Enker, Stanley H.....7905 Calumet Ave. (NS)
Ertan, Behic.....7905 Calumet Ave.
Espino, Jose C.....8144 Calumet Ave. (GS)
Estacio, Romeo Y.....7905 Calumet Ave. (GP)
Feinburg, Irwin.....7550 Hohman Ave. (ORS)
Feldman, Howard E.....7905 Calumet Ave. (OM)
Feldner, Ronald P.....110 Ridge Rd. (GP)
Fetrow, Kenneth O.....7905 Calumet Ave. (ORS)
Fitzpatrick, William J.....110 Ridge Rd. (GS)
Fox, Jack M.....7550 Hohman Ave. (D)
Frieske, David A.....7905 Calumet Ave. (P)
Galante, Albert.....110 Ridge Rd. (OBG)
Galante, Gloria.....110 Ridge Rd.(P)
Goldenberg, Mitchell E.....7550 Hohman Ave. (PS)
Gomez, Cesar M.....9429 Northcote Ave. (GS)
Gordon, Mark.....7905 Calumet Ave. (D)
Grabow, Emil F.....7905 Calumet Ave. (OPH)
Grayson, Fred E.....513 Ridge Rd. (U)
Gross, Joseph O.....7905 Calumet Ave. (PD)
Halum, Ramon G., Jr.....7905 Calumet Ave. (U)
Hammond, Stanley.....7905 Calumet Ave. (P)
Hehemann, William V.....7905 Calumet Ave. (GP)
Helms, Charles E.....110 Ridge Rd. (GS)
Hieber, Frank R.....7905 Calumet Ave. (IM)
Hirsch, Melvin L.....1111 MacArthur Blvd. (IM)
Howard, Wm. Harry (S).....8417 Parkview (OBG)
Husted, Robert G.....7905 Calumet Ave. (GP)
Indovina, Vincent A.....7905 Calumet Ave. (R)
Kelly, George G.....7905 Calumet Ave. (GS)
Kenney, Francis D.....110 Ridge Rd. (GS)
Kitt, Walter.....7550 Hohman Ave. (P)
Kott, Alexander.....7550 Hohman Ave. (R)
Kuhn, Arthur J.....7905 Calumet Ave. (OTO)
Lanman, John U.....8146 Calumet Ave. (IM)
Larrabee, James F.....7905 Calumet Ave. (R)
Lautz, Herbert A.....7905 Calumet Ave. (OTO)
Long, Keith J.....1327 Ridgeway (GP)
Madlang, Rodolfo M.....513 Ridge Rd. (U)
Madrilejo, Roberto B.....2308 Purdue Dr. (OM)
Malik, Rashidah B.....110 Ridge Rd.
Mansueto, Mario D.....509 Ridge Rd. (OTO)
Maroc, James A.....110 Ridge Rd. (GP)
Marshall, Wilbur J.....7905 Calumet Ave. (OBG)
Mason, John C.....7905 Calumet Ave. (GP)
Medina, Angelina V.....8217 Madison Ave. (GP)
Minkin, Ronald.....7905 Calumet Ave. (D)
Mintz, Alfred M.....7550 Hohman Ave. (ORS)
Morris, William H.....7905 Calumet Ave. (PD)
Navarre, Vincent J.....509 Ridge Rd. (IM)
Neal, Leonard W.....7905 Calumet Ave. (GP)
Pamintuan, Florino G.....7905 Calumet Ave. (IM)
Paul, Eudell G.....7550 Hohman Ave. (GS)
Polydefkis, Dimitri.....509 Ridge Rd. (P)
Portney, Fred R.....7905 Calumet Ave. (U)
Rasch, George C., Jr.....1519 35th St. (GS)
Rawlins, Carolyn M.....7550 Hohman Ave. (OBG)
Raymundo, Luciano.....7905 Calumet Ave. (ORS)
Remich, Antone C.....7905 Calumet Ave. (GS)
Rendel, Donald T.....513 Ridge Rd. (PD)
Repay, Walter A.....513 Ridge Rd. (GP)
Rosevear, Henry J.....110 Ridge Rd. (GS)
Santare, Vincent J.....513 Ridge Rd. (U)
Schlesinger, Daniel J.....7905 Calumet Ave. (GS)
Schmitt, Robert J.....7905 Calumet Ave. (P)
Schwartz, Jack.....7550 Hohman Ave. (OBG)
Serrano, Jose F.....7905 Calumet Ave. (GS)
Smith, Jerald E.....7905 Calumet Ave. (GP)
Smitley, Roger P.....110 Ridge Rd. (IM)
Stemmer, August L.....7905 Calumet Ave.
Stevens, Edwin W.....7905 Calumet Ave. (IM)
Trachtenberg, Lee.....513 Ridge Rd. (OPH)
Valderrama, Hugo.....1325 MacArthur (PATH)
Vandertoll, Donald.....509 Ridge Rd. (GS)
Wang, Tieh Chun.....1327 Ridgeway (PATH)
Westhaysen, Peter V.....7550 Hohman Ave. (NS)
Wooden, Thomas F.....8354 Parkview (ANES)

Angeles, Uldarico A...Box 910, Portage (46368) (ANES)

Egnatz, Charles D.
Rts. 41 and 30, Schererville (46375) (GP)
Gallinatti, John J.
506 Glendale Blvd. Valparaiso (46383) (GP)
Shevick, Alexander
8 Garfield Ave., Valparaiso (46383) (OBG)
Waiss, Elaine H.
Elmwood Park, Valparaiso (46383) (OO)

Whiting

(*Zip Code* 46394)

Becker, Samuel W.....2075 Indianapolis Blvd. (D)
Best, Robert C.....2075 Indianapolis Blvd. (GP)
Brennan, William C.....2075 Indianapolis Blvd. (GS)
Frankowski, Clementine E.....1706 LaPorte Ave. (GP)
Greisen, Jack C.....2075 Indianapolis Blvd. (GP)
Gustaitis, John W.....2075 Indianapolis Blvd. (GP)
Kudele, Louis T.....1321 119th St. (ANES)
Reeve, Bryce L.....2815 Indianapolis Blvd. (IM)
Rudser, Donald H.....2075 Indianapolis Blvd. (GP)
Silvian, Harry A.....1010 119th St. (GP)
Sokol, Allen B.....2075 Indianapolis Blvd. (PD)
Stecy, Peter.....1902 Indianapolis Blvd. (GP)
Weinberg, Benjamin A.....1104 119th St. (GP)

Bakos, Edward R.....12200 Fairhill Rd.
Cleveland, Ohio 44210 (P)
Behn, Walter M. (S)
1327 College Ave., Wheaton, Ill. (60187) (GP)
Brand, Anna
656 Wentworth, Calumet City, Ill. (60409) (GP)
Donchess, Joseph C.
Oakbrook Towers, Oakbrook, Ill. (60521) (ORS)
Espindola, Emilio N.
1926 W. Harrison St. Chicago, Ill. (60612) (OBG)
Gojkovich, Dusan
State Hosp., Manteno, Ill. (60950) (P)
Lilagan, Florentino R.
29600 Arcadian Dr., Olympia Fields, Ill. (60461)
Dimitroff, Lambro.....500 River Oaks Dr.,
Calumet City, Ill. (60409) (GP)
Gardiner, H. Glenn.....144 1st St., St. Petersburg,
Fla. (33701) (OM)
Hayes, Frank W.....48 Tac Hosp., APO,
New York 09179 (P)
Khaton, Odessa M.
Michael Reese Hosp., Chicago, Ill. (60616) (PD)
Murphy, Joseph F.....18225 Burnham Ave., Lansing, Ill.
(60438) (P)
Schulz, K. J.....800 Clinic Circle,
Fairmont, Minn. (56031) (OPH)
Robinson, Walter K.....506 Burning Treelane,
Naperville, Ill. (60540) (GS)
Seyler, Anna G. (S)
2780 Hillcrest Dr., LaVerne, Calif. (91750) (OO)
Smith, Theodore J. (S)
1819 Mid Ocean Circle, Sarasota Fla. (33580) (OO)
Spivack, Mary (S).....15731 Enadia Way,
Van Nuys, Calif. (91406) (OBG)
Sklenarz, Krystyna.....1450 E. 55th St.
Chicago, Ill. (60615) (P)
So, James.....3011 N. Racine, Chicago, Ill. (CS)
Toussaint, Linnie F.....9124 S. Bennett Ave.
Chicago, Ill. (60617) (ANES)
Tyrrell, Joseph J.....800 State Line, Calumet City, Ill.
(60409) (GS)
Villaflor, Mirasol D.....769 West Chicago
Elgin, Ill. (60120)

LA PORTE COUNTY

Salsburg, Herbert E.....R. R. 1, Box 357, Hamlet
(46532) (P)
Oak, David D., Jr.....Hanna (46340) (GP)

La Porte

(*Zip Code* 46350)

Backer, George P.....806 Maple Ave. (R)
Backer, Mary B.....1533 Michigan Ave. (IM)
Carpentier, James R.....900 I St. (IM)
Carter, Fred S.....1200 Michigan Ave. (IM)
Datzman, Basil J.....301 Wile St. (GP)
Durham, Lowell J.....316 Pine Lake Ave. (GP)
Elshout, Clem H...403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert.....900 I St. (GP)
Farnsworth, Samuel A.....214 Lakeshore Dr. (GP)
Feinn, Harry S.....1013 Indiana Ave. (OTO)
Kelsey, Robert M. Jr.....1200 Michigan Ave. (GP)
Kepler, R. W.....Osmic Place (PD)
Kim, Joon S.....Community Hospital (PATH)
Mead, Frank E.....901 Indiana Ave. (GP)
Moore, William G.....301 Wile St. (GS)
Mueller, Edwin C.....900 I St. (GS)
Philbrook, Seth S.....705 Harrison St. (OPH)
Predd, Adolph C.....909 Madison St. (GP)
Richter, John C.....900 I St. (GS)
Sanchez, Jose D.....2424 Monroe (ANES)
Scott, John S.....806 Maple Ave. (R)
Sirugo, Aldo C.....723 Franklin St. (OTO)
Smith, John A.....301 Wile St. (GP)
Sprecher, James J. J.....900 I St. (GP)
Tabaka, Francis B.....102 Lincolnway (GS)
von Asch, George.....Osmic Pl. (GP)
Young, P. N.....Osmic Place (GP)
Zahrt, Frank H.....Fox Village Medical Bldg. (GP)

Michigan City

(*Zip Code* 46360)

Armstrong, Thomas D.....120 W. Ninth St. (GS)
Arney, Amos.....1225 E. Coolspring Ave. (GP)
Baker, Warren (S).....427 Warren Bldg. (OPH)
Balinao, Rueben C.....P.O. Box 197 (ANES)
Bankoff, Milton L.....1225 E. Coolspring Ave. (GP)
Battle, Frederick G.....3714 Franklin St. (GS)
Bergan, Joseph A.....217 W. Homer St. (GS)
Berkson, Myron E.....723 Franklin, Room 201 (P)
Bremer, Windham.....St. Anthony Hosp. (R)
Fargher, Francis M.....907 Washington St. (GP)
Frost, Robert J.....1701 Buffalo St. (PATH)
Galinis, Algimantas J.....1225 E. Coolspring Rd. (GP)
Gardner, Melvin D.....801 Washington St. (GS)
Gardner, Russell A.....801 Washington St. (OBG)
Gilmore, Robert W.....1715 Buffalo St. (PD)
Gilmore, Russell A. (S).....304 Warren Bldg. (GP)
Hay, Gene R.....1225 E. Coolspring Ave. (IM)
Henderson, Norman C.....131 E. Eighth St. (OTO)
Hill, Theodore A.....1606 Lake Shore Dr. (P)
Hillenbrand, Charles.....128 W. 10th St. (P)
Hodonos, Phillip E.....1225 E. Coolspring Ave. (GP)
Houck, Richard.....501 Warren Bldg. (OPH)
Jones, King S. (S).....328½ Franklin St. (GP)
Kemp, John T.....122 E. Seventh St. (GP)
Kerr, Charlotte H.....1707 Buffalo St. (OBG)
Kerr, John E.....1709 Buffalo St. (U)
Kerrigan, John F.....916 Washington St. (GS)
Kerrigan, Robert L. (S).....916 Washington St. (GP)
Kroczek, Stephen E.....1225 E. Coolspring Ave. (OPH)
Kubik, Francis J.....902 Pine St. (GS)
Liddell, Charles K.....1225 E. Coolspring Ave. (GS)
Luce, John W.....916 Washington St. (OBG)
Mannion, Rodney A.....1709 Buffalo St. (U)
Marske, Robert L.....1713 Buffalo St. (PD)
McGue, Frank J.....723 Franklin St. (GP)
McInerney, Gerald T.....3714 S. Franklin St. (IM)
Miller, Maurice.....1225 E. Coolspring Ave. (GP)
Milne, Walter S.....916 Washington St. (IM)
Mladick, Edward A.....1601 Franklin St. (ORS)
Moreira, Alvaro F.....301 Warren Blvd. (P)
O'Brien, Raymond J.....1601 Franklin St. (ORS)
Paul, Leonard G.....1225 E. Coolspring Ave. (GP)
Phillips, John H.....1511 Wabash St. (GP)
Pilecki, Peter J.....1225 E. Coolspring Ave. (GP)
Plank, C. Robert.....P.O. Box 468 (R)
Potter, Brian.....1225 E. Coolsprings (D)
Predd, Florian M.....1225 E. Coolsprings (GS)

Stark, William A.....1601 Franklin St. (ORS)
Ticsay, Bienvenido V.....801 Washington St. (U)
Walters, William H.....3714 Franklin St. (GS)
Weeks, Patrick H. (S).....305 N. Carroll Ave. (P)
Weiss, Albert E.....1225 E. Coolspring Ave. (GP)
Weninger, Donald L.....2030 Silvertip, Michigan City (ANES)
Zalac, Donald A.....P.O. Box 468 (R)

Westville
(*Zip Code* 46391)

Bosler, Howard A. (S).....Beatty Circle (GP)
Brauer, Abraham A.....P.O. Box 31 (GP)
Constan, Evan.....Box 473 (P)
Dian, August J.....Beatty Mem. Hosp. (P)
Dieter, William J. (S).....Box 145 (NS)
Hogle, Frank D.....Beatty Memorial Hospital (P)

Moosey, Louis.....Union Mills (46382) (GP)
Oster, Jack H.....Valparaiso (46383) (P)
Benz, Owen F.....79 W. Cypress Lane, Fort Myers Beach, Fla. (33931) (GP)

LAWRENCE COUNTY

Bedford
(*Zip Code* 47421)

Austin, Richard P.....Citizens Nat'l. Bank Bldg. (GP)
Azzam, Roshi A.....2900 W. 16th St. (P)
Benham, Lawrence E.....310 Stone City Bank Bldg. (GP)
Crosby, Reid C.....2900 W. 16th St. (OBG)
Dino, Florian S.....1310 W. 16th St. (GS)
Duncan, Raymond.....2900 W. 16th St. (GP)
Dusard, Joseph C. (S)
304 Citizens Nat'l Bank Bldg. (GP)
Edmonds, Kendrick.....Dunn Mem. Hosp. (R)
Emery, Charles B.....2325 Q St. (GP)
Ettinger, Marvin M.....2900 W. 16th St. (GS)
Fountaine, Thomas J.....1618 24th St. (GP)
Gonzales, Raul C.....2900 W. 16th St. (R)
Hammel, Howard T.....Citizen's Nat'l Bank Bldg. (GP)
Hawkins, Richard D.....Edgewood Clinic (PD)
Kasting, Gerald.....1622 24th St. (GP)
Kerr, Donald M.....2900 W. 16th St. (GP)
Morrow, Robert J.....1317 L St. (GP)
Mount, James L.....Edgewood Clinic (OBG)
Noe, William R.....2900 W. 16th St. (GS)
Pillai, Vijavan V.....Dunn Mem. Hosp. (GP)
Pless, John Edward.....1616 23rd St. (PATH)
Reuter, John W.....U. S. Highway 50 E, R. R. 6 (OPH)
Sangalang, Zenaida S.....1612 24th St. (OBG)
Scherschel, John P.....1711 H St. (GP)
Segundo, Sera R.....2900 W. 16th St. (PD)
Sorrells, George W.....2900 W. 16th St. (PD)
Tan, Eugenio N.....2900 W. 16th St. (ANES)
Tanner, Martha J.....2900 W. 16th St. (IM)
Waldo, Guy H.....2900 W. 16th St. (IM)
Wohlfeld, Julius B.....1222 15th St. (GP)
Woolery, Richard H.....1310 W. 16th St. (GP)

Hamilton, James R. (S)
111 S. Seventh St., Mitchell (47446) (GP)
Odulio, Benito.....121 S. 6th St., Mitchell (GS)
Odulio, Burnhilda.....121 S. 6th St., Mitchell (IM)
Oswalt, James T.....Mitchell (GP)

MADISON COUNTY

Alexandria
(*Zip Code* 46001)

Duncan, James E.....R. R. #4, Box 382
Gaunt, Everett W.....214 E. John St. (GP)
Overpeck, George H. (S).....313 N. Harrison St. (GP)
Owen, Thomas F.....313 N. Harrison St. (GP)

Anderson
(*Zip Code* 460 *plus zone number.*)

Abell, Wm. A.....P.O. Box 2351 (11) (P)
Allen, Lawrence E...610 Citizens Bank Bldg. (16) (U)
Armington, Charles L.
655 Anderson Bank Bldg. (16) (GP)
Austin, Charles E.....1415 Raible St. (11) (GP)
Baughn, William L.....Guide Lamp (OM)
Beeler, Franklin K.....1931 Brown St. (14) (GP)
Begley, Robert.....1912 S. Jackson (14) (GP)
Benedict, Harold G.....1916 Jackson St. (16) (GP)
Bixler, Donald P.....1931 Brown St. (14) (OPH)
Blassaras, Crist A.....2005 Broadway (12) (GP)
Bowers, Charles R.....2009 Brown St. (14) (GS)
Bridges, Alvin L.....1302 Madison Ave. (11) (GP)
Buckles, David L.....St. John's Hospital (14) (PATH)
Bush, Edward R.....714 E. Eighth St. (12) (GP)
Campbell, Frank.....1302 Madison Ave. (11) (GP)
Carson, Richard C.....908 Winding Way (11) (ANES)
Denny, Melvin H...1207 Van Buskirk Rd. (11) (ANES)
Dixon, Rex W.....1931 Brown St. (14) (GP)
Doenges, James L.....1931 Brown St. (14) (GS)
Donaldson, Frank C.....1931 Brown St. (14) (OBG)
Drake, James R.....2304 Meridian St. (14) (GP)
Drake, John C.....604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V...1230 W. Chesterfield Dr. (12) (GP)
Dulin, Basil B.....St. John's Hospital (14) (R)
Elsten, Aubrey W.....1307 Park Rd. (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Fischer, Warren E.....St. John's Hospital (14) (R)
Gahimer, Joe E.....215 W. 19th St. (14) (IM)
Hensler, Benton M.....1415 Raible (11) (GP)
Jarrett, Paul E.....1415 Raible (11) (OBG)
Jones, A. T. (S).....3316 Cherry Rd. (11) (GP)
Jones, David G.....1504 N. Madison Ave. (12) (GP)
Jones, Horace E.....926 W. Vineyard Dr. (12) (GP)
Jones, John David....3122 Meadowcrest Dr. (11) (GP)
Kelly, Wendell C.....714 E. Eighth St. (12) (GP)
Kepner, Robert S.....1001 Northwood Dr. (11) (PD)
King, Charles R.....1415 Raible St. (11) (GP)
King, Joseph W...267 Citizen's Bank Bldg. (16) (OTO)
Kopp, William R.....333 Jackson St. (12) (GS)
Lamey, Paul T.....423 Citizen's Bank Bldg. (16) (GS)
Land, Richard N.....2009 Brown St. (14) (R)
Larmore, Joseph L. 612 Anderson Bank Bldg. (16) (OTO)
Long, Paul L.....405 Anderson Bank Bldg. (16) (GP)
McCurdy, Robert W.....1308 E. Fifth St. (11) GS)
McDonald, Virgil G (S)..1019 Delaware St. (16) (OO)
Meister, Doris (S).....315 W. Ninth St. (16) (GP)
Moneyhun, James E.....2009 Brown St. (14) (GP)
Morris, Robert A.....1309 Park Rd. (11) (PD)
Neale, Alfred E.....1931 Brown St. (14) (OBG)
Nesbit, Leonard L. (S)
415 Citizen's Bank Bldg. (16) (OTO)
Patterson, William K.....8 S. Park Dr. (11) (ANES)
Polhemus, Warren C.....1803 Pearl St. (16) (GP)
Pfeiler, Robert.....1616 Meridian (16) (P)
Price, Ambrose M...621 Citizens Bank Bldg. (16) (GP)
Reed, Roger R.....1601 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (IM)
Ross, Guy E.....1931 Brown St. (14) (PD)
Royer, John D.....% Delco Remy Division
Sharp, William L....559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A.....508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H (S).....619 State Rd. 67W. (11) (ANES)
Stamper, Robert J.....1415 Raible (11) (GP)
Starks, William O.....3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L.....St. John's Hosp. (14) (PATH)
Stinson, William M.....333 Jackson St. (11) (GP)
Szumilas, Peter P.....2009 Brown St. (14) (OBG)
Taylor, James A.....Delco Remy Div. (11) (OM)
Tierney, William J.
702 Anderson Bank Bldg. (16) (GS)
Wagoner, John R.....215 W. 19th St. (16) (U)
Webb, Harry D.....515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L.....1225 N. Madison (11) (ANES)
Whitaker, Jack D.....Community Hosp. (11) (PATH)
Wilder, Gordon B. (S)....338 W. Eighth St. (16) (IM)
Wilkenson, Roger L...522 W. 8th St. Suite A (16) (GP)
Williams, Francis M.....1132 Central Ave. (16) (IM)

Williams, Robert D.....2009 Brown St. (14) (GP)
Williams, Robert H.....2009 Brown St. (14) (GS)
Woodbury, Clarence R.....3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S)....207 Beverly Terrace (11) (R)

Elwood

(*Zip Code* 46036)

Buechler, William F.....1817 S. A. St. (GP)
Drake, Marion C.....1201 Main St. (GP)
Fitzpatrick, Harry W. (S)..1309 S. Anderson St. (GP)
Hanson, Martin F.....100 N. First St. (GP)
Laudeman, Walter A.....1515 N. A St. (GP)
Oldag, George E.....1301 Main St. (GS)
Scea, Wallace A.....1601 S. Anderson St. (GP)

Gray, William J.....Chesterfield (46017) (GP)
Austin, Maynard A. (S)
3900 Washington Ave., Evansville (47715) (OO)
Ferrell, Mars B.....Fortville (46040) (GP)
Bishop, Harry A.....Frankton (46044) (GP)
Ridgway, Alton H.....Lapel (46051) (GP)
Doles, Ted S.....Middletown (47356) (GP)
Foley, Phillip D.....Middletown (47356) (GP)
Lind, John D.....613 N. 10th St., Middletown (GP)
Kiely, John T...613 N. 10th St. Middletown (47356) (GP)
Reynolds, Ralph E.....Middletown (47356) (GP)
Van Ness, William C.....Summitville (46070) (GP)
Leahy, Howard J.
Box 150, Pendleton (46064) (GP)
Caudill, Rodney C.....Box 427 Yorktown (47396) (P)
Leroy, Alvin
Sabon Canyon Vista, Tuscon, Ariz. (86857) (GP)
Ellis, Seth W. (S)
740 Northland Rd., Apt. F, Cincinnati, Ohio (45240) (OO)
Litzenberger, Sam W.
23 Wonson St. Gloucester, Mass. (U)
Rinne, John I. (S)
1109½ 17th, Bradenton, Fla. (33505) (GP)

MARION COUNTY

Beech Grove

(*Zip Code* 46107)

Christie, Marvin C.....3655 S. Sherman (GP)
Chua, Gonzalo I.....St. Francis Hosp. (R)
Cockrell, D. Kete.....3655 S. Sherman Dr. (GP)
Dill, Charles W.....3655 S. Sherman Dr. (GP)
Fortuna, Frank W.....1615 Main St. (GP)
Kim, Young D. (S).....136 N. 17th St. (GP)
Madden, Robert J.....St. Francis Hospital (ANES)
Sheehan, Francis G.....St. Francis Hospital (GP)
Zerfas, Charles P. A.....926 Main St. (GP)

Steury, Ernest M.....524 Center, Berne (46711) (GP)
Freeman, Max E...89 First Ave., Carmel (46032) (OBG)
Aronoff, Michael S.....600 N. Jordon,
Bloomington (47401) (IM)
Brissenden, Reynolds B. III.....419 Concord Lane,
Carmel (46032) (OM)
Perez, Cesar E.....377 Patricia Ct.,
Carmel (46032) (ANES)
Perez, Hilda A.....377 Patricia Ct.,
Carmel (46032) (ANES)
Hasewinkel, Carroll W.
R. R. 2, Box 354, Carmel (46032) (ANES)
Klutinoty, George II.....89 First Ave., S.W. (32) (GP)
Singer, Ralph C..11441 Ralston St. Carmel (46032) (PH)
Stoelting, Robt. K.....11424 Dona Dr.
Carmel (46032) (ANES)
Vandiver, Robert M.....R. R. #3, Box 144B,
Franklin (46131) (IM)
Harris, Paul N.
Eli Lilly & Co., Toxicology Bldg., Greenfield
(46140) (PATH)
Pierce, Emmett C., Jr.
Eli Lilly & Co., Box 708, Greenfield (46140) (PATH)
Atkins, Clayton H.....100 N. Madison Ave.
Greenwood (46142) (GP)
Atkins, Steven D.....100 N. Madison Ave.,
Greenwood (46142) (GP)
Brown, Earl E..100 N. Madison, Greenwood (46142) (GP)
Chandler, Leon H.....412 S. 5th St.,
Goshen (46526) (Resident)
Cohn, Alvin F.....R. R. 5, Box 548, Greenwood
(46142) (ANES)
DeMotte, C. Bowen (S)
P. O. Box 44, Greenwood (46142) (GP)
Onyett, Harold R.
P. O. Box 358, Greenwood (46142) (GP)
Berry, John M.....P.O. Box 317 Michigan City
(46360) (ANES)
Kimble, John W.
R. R.4, Box 72, Mooresville (46158) (GS)
Baptisti, Arthur Jr.....R. R. #3, #93,
Nashville, (47448) (OBG)
Culbertson, Clyde G...R. R.4, Nashville (47448) (PATH)
Asher, James W.....4730 W. 72nd St., New Augusta
(46268) (GP)
Sanders, Fred.....2702 Westlane New Augusta
(46268) (GP)
Browning, William M.
R. R. 1, Box 221-E, Nineveh (46164) (PD)
Paynter, Morris B. (S).....59 Union St.,
Southport (27) (GP)
Anderson, John T.....Dow Chemical Co.,
9550 Zionsville Rd., Zionsville (46077) (OM)
Dacquisto, Michael P.....P.O. Box 251,
Zionsville (46077) (IM)
Harvey, Verne K., Sr. (S)
R. R. 2, Box 354, Zionsville (46077) (OO)
Ridolfo, Anthony S.....R. R. #1, Box 167,
Zionsville (46077) (IM)
McIntosh, John E.....Dow Chemical Co.,
P.O. Box 10, Zionsville (46077) (SR)
Schwarz, Anton J. F.....P.O. Box 10,
Zionsville (46077) (SR)

Indianapolis

(*Zip Code* 462 *plus zone number.*)

A

Addleman, Robert H....5540 Woodside Dr. (08) (ANES)
Adkins, Harold C.....708 E. 46th St. (05) (GP)
Albertson, Frank P.....5031 Rockville Rd. (24) (GP)
Albrecht, Willard H.7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Harry D.....5506 E. 16th St. (18) (OPH)
Aldrich, Howard....4316 E. Washington St. (01) (GP)
Alig, Vincent B.....1315 W. 10th St. (02) (P)
All, Barbara B.....1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K.....3202 N. Meridian St. (08) (IM)
Alley, Thomas W...3500 Lafayette Rd., #104 (22) (IM)
Alvis, David L.....822 Hume Mansur Bldg. (04) (OPH)
Alvis, Edmond O. (S)
320 Hume Mansur Bldg. (04) (OPH)
Anderson, James W.....3140 N. Illinois (02) (GP)
Anshutz, William M.....6340 Braemore Rd. (20) (R)
Antreasian, Berj....1303 N. Arlington Ave. (19) (IM)
Appel, Richard H. (S)
320 Hume Mansur Bldg. (04) (PR)
Applegate, George W.....Methodist Hospital (02) (IM)
Arbogast, John L.....I. U. Medical Center (02) (PATH)
Arbuckle, Russell L.....1530 N. Illinois St. (02) (GP)
Arbuckle, William E. (S)....1150 S. Sheffield (21) (GP)
Armer, Robert M.....3500 Lafayette Rd. (22) (PD)
Armstead, John W.....2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L.....6221 N. Keystone Ave. (20) (GP)
Arnold, Anthony J...2834 Embassy Row (24) (Resident)
Arnold, Robert D.....5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S).5670 N. Meridian St. (08) (OTO)
Assue, Clare M.....LaRue D. Carter Hospital (02) (P)
Avery, George O.....17 S. Traub (22) (GP)

B

Baadj, Abdel G.....2809 S. Holt Rd. (41) (GS)
Babcock, James L.....7462 Dorothy Drive (60) (ORS)
Bachmann, Arnold J...3736 N. Delaware St. (05) (OBG)
Bader, Joseph.....6457 Bramwood Ct. (56) (SR)
Baird, Melvin S.....19 W. 22nd St. (02) (GP)
Bakemeier, Robert E.
1303 N. Arlington Ave. (19) (GS)
Baker, John C.....American United Life Ins. Co.
30 W. Fall Creek Parkway (06) (ADM)
Balch, James F., Jr...709 Hume Mansur Bldg. (04) (U)

Ball, Joseph E.....4312 E. 10th St. (01) (GP)
Banas, William R.....2236 Fair Oaks Dr. (24) (P)
Barnes, Gilbert H.....513 S. Sherman Dr. (03) (GP)
Bartle, James L.....6604 Hythe Rd. (20) (ANES)
Bartley, Max D.....801 Hume Mansur Bldg. (04) (OPH)
Bastnagel, William F.....3266 N. Meridian St. (08) (IM)
Bate, M. H.....5202 N. Illinois St. (08) (GS)
Bates, Laurence H.....3524 N. Meridian St. (08) (IM)
Battersby, J. Stanley....I. U. Medical Center (02) (GS)
Batties, Paul A.....2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B.....408 Hume Mansur Bldg. (04) (PS)
Baumeister, Herbert E.
1815 North Capitol Ave. (02) (ANES)
Baxter, John P.....3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beams, Ronald N.....5506 E. 16th St. (18) (OPH)
Beaver, Howard W.....2930 Madison Ave. (25) (GP)
Bechtol, Lavon D.....Lilly Research Labs.
740 S. Alabama St. (06) (SR)
Beck, David C.....Ind. Univ. Med. Ctr. (02) (Resident)
Beck, Evart M.....915 E. 38th St. (05) (IM)
Becker, Harry G.....6060 College Ave. (20) (GS)
Beeler, John W.....712 Hume Mansur Bldg. (04) (R)
Beeler, Raymond C. (S)
3777 N. Meridian St. (08) (OO)
Beering, Steven C.....I. U. Medical Center (02) (IM)
Belshaw, George.....1640 N. Ritter Ave. (18) (OBG)
Belt, James H.....6225 Broadway (20) (PD)
Benedict, Paul F.....3949 Meadows Dr. (05) (GS)
Benjamin, Samson A.....1720 Alimingo Dr. (60) (OBG)
Bennett, Ivan F.
Lilly Clinic, Marion Co. General Hospital (02) (P)
Bennett, James E.....I. U. Medical Center (02) (PS)
Benson J. Thomas
3266 N. Meridian St. (08) (OBG)
Benz, James A...7201 Sylvan Ridge Rd. (40) (PATH)
Berman, Edward J.....3426 N. Meridian St. (08) (GS)
Berman, Jacob K. (S).....3939 Cooper Lane (08) (GS)
Bernoske, Daniel G.....Indiana St. Board of Health
1330 W. Michigan St. (02) (PH)
Bhagwandin, Harry O.
4761 Southeastern Ave. (03) (IM)
Bibler, Lester D.....1815 N. Capitol Ave. (02) (GP)
Biegel, Angenieta A.....I. U. Medical Center (02) (IM)
Bill, Robert O.....3231 N. Meridian St. (08) (P)
Bixler, Gloria Anne.....3400 N. Meridian St. (08) (P)
Black, Henry R.....7851 Holly Creek Dr. (40) (IM)
Blackford, Florence (S).....5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S)....5909 E. 10th St. (19) (GS)
Blackwell, Donald S.....1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L.....1802 N. Illinois St. (02) (IM)
Blankenbaker, Ronald..5207 Washington Blvd. (20) (GP)
Blatt, A. Ebner.....3400 N. Meridian St. (08) (IM)
Bloemker, Edward F.....2729 Shelby St. (03) (GP)
Boggs, Eugene F. (S).....8 E. Troy Ave. (25) (IM)
Boling, Frederick F.....3049 S. Holt Rd. (41) (GP)
Boling, Grover C.....1440 E. 46th St. (05) (GP)
Bolivar, Juan C.....1481 W. 10th St. (02) (GS)
Bond, Virginia.....4525 W. 59th St. (54) (ANES)
Bond, William H.....I. U. Medical Center (02) (IM)
Bonsett, Charles A.....6133 E. 54th Pl. (26) (N)
Booher, Norman R.....447 E. 38th St. (05) (GP)
Booher, Olga Bonke.....447 E. 38th St. (05) (PD)
Booth, Boynton H.....301 Hume Mansur Bldg. (04) (D)
Boyce, Paul A.....5411 N. Kenmore Rd. (26) (IM)
Boyer, Floyd A.....442 N. Drexel Ave. (01) (GP)
Brady, Thomas A.....1815 N. Capitol Ave. (02) (ORS)
Brantly, James M.....Methodist Hospital (02) (IM)
Brayton, Lee.....3930 N. Illinois St. (08) (GP)
Brickley, Harry D.....3266 N. Meridian St. (08) (GS)
Brickley, Richard A.....3266 N. Meridian St. (08) (GS)
Briggs, Robert W.....2140 N. Capitol (02) (IM)
Brillhart, James R.....5506 E. 16th St. (18) (OBG)
Brogan, Thomas M.....740 E. 52nd St. (05) (GP)
Brooks, Fred R., Jr.....3349 Georgetown Rd. (24) (GP)
Brown, David E.....1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W.....1633 N. Capitol Ave. (02) (P)
Brown, Earl R., Jr.....Community Hospital (19) (R)
Brown, Frances T. (S)..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M.....2875 Clifton St. (08) (GP)
Brown, Gordon T.....3266 N. Meridan (08) (P)
Brown, Wendell E.....3426 N. Meridian St. (08) (PD)
Browning, James S.....3120 N. Meridian St. (08) (IM)
Brownley, E. Jane..2840 N. High School Rd. (24) (PD)
Bruce, Reginald A.....2515 E. 34th St. (18) (GP)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)
Buehl, Isabelle A.....301 E. 38th St. (05) (PATH)
Buntin, Presley T....Methodist Hospital (02) (Resident)
Burdette, Harold F.....3266 N. Meridian St. (08) (IM)
Burghard, Rolla D.....Community Hospital (19) (GP)
Burt, Michael.....I. U. Medical Center (02) (Resident)
Butler, John O.....4949 Carson Ave. (27) (IM)
Butler, Robert M.....3426 N. Meridian St. (08) (PD)
Butterworth, Joseph C.....Methodist Hosp. (02) (U)

C

Cadiente, Samson S.....3266 N. Meridian St. (08) (GS)
Cahn, Hugo M. (S).....6416 Hoover Rd. (60) (OO)
Cahn, Peter H.....818 Hume Mansur Bldg. (04) (OPH)
Caldwell, Marilyn R.....111 E. 53rd St. (20) (P)
Calland, Sabra Wetzler
Marion County Gen. Hosp. (02) (PATH)
Campbell, H. Edwin, Jr..3500 Lafayette Rd. (22) (OBG)
Campbell, Richard W.....6834 Mohawk Lane (60) (IM)
Campbell, Robert L.....1100 W. Michigan St. (02) (NS)
Caplin, Irvin.....1815 N. Capitol Ave. (02) (A)
Caputi, Saverio.....534 Turtle Creek Dr. (27) (R)
Card, William C.....5315 E. 79th St. (50) (PATH)
Carson, Wayne.....1802 N. Illinois St. (02) (TS)
Carter, James E.....I. U. Medical Center (02) (OBG)
Carter, Charles B.....1604 N. Capitol Ave. (02) (IM)
Cates, Jeryl R.....3266 N. Meridian St. (08) (GP)
Cattell, Lee M.....5349 Hedgerow Dr. (26) (ORS)
Cavins, John A.....3266 N. Meridian (08) (IM)
Chapman, Wm. E.....3266 N. Meridian (08) (U)
Chattin, William R.....4829 E. 38th St. (18) (PD)
Chavez, Mauro E...2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S)....I. U. Medical Center (02) (IM)
Chernish, Stanley M.
Marion Co. General Hospital (02) (IM)
Chivington, Paul V., Jr.
707 Hume Mansur Bldg. (04) (D)
Chroniak, Walter.....41 N. Shortridge Rd. (19) (IM)
Clark, Edward E.....3731 N. Keystone Ave. (18) (GP)
Clark, George A...822 Hume Mansur Bldg. (04) (OPH)
Clark, Lawson J.....3736 N. Delaware St. (05) (OBG)
Cline, Donald L.....704 Braeside S. Drive (06) (OBG)
Coates, Jacqueline.....305 W. 42nd St. (08) (PD)
Cobb, Clarence M.....3202 N. Meridian St. (08) (PATH)
Cockerill, Edward M.....7213 Lakeside (78) (R)
Coggeshall, Warren E..3524 N. Meridian St. (08) (IM)
Collins, Hubert L.....985 N. Arlington Ave. (19) (GP)
Collins, Robert C.....1356 W. 21st St. (02) (GP)
Conley, Joseph L. (S)...2345 W. 86th Street (60) (OO)
Conway, Chester C.....4402 E. New York St. (01) (GP)
Conway, Glenn (S).....1620 S. East St. (25) (GP)
Cookson, Lawrence U.....1010 E. 86th St. (40) (R)
Copher, David E.....3266 N. Meridian (08) (OBG)
Cornog, John L., Jr.....1100 W. Michigan St. (PATH)
Cornacchione, Matthew.....814 S. East St. (25) (GP)
Cortese, James V.....3901 S. East St. (27) (GP)
Cortese, Thomas A.....3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr.
5411 E. 56th St. (26) (D)
Costin, Robert L.....301 E. 38th St. (05) (PATH)
Coughenour, J. Robert
534 Turtle Creek, N. Dr. (27) (GP)
Countryman, Frank W....1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S)
2245 S. Sheridan Ave. (03) (OTO)
Craig, Alexander F.....5350 E. 38th St. (18) (ANES)
Cravens, Frederick A.....Methodist Hosp. (02) (R)
Crawford, John A...321 Hume Mansur Bldg. (04) (ORS)
Cronin, H. Joseph.....7843 Windcomb Blvd. (40) (R)
Cross, David G.....St. Vincent's Hosp. (08) (GP)

Crossin, James A.....1815 N. Capitol Ave. (02) (GS)
Cumming, James R.....6214 Broadway (20) (PD)
Cummins, Douglas F.....General Hosp. (02) (ANES)
Cure, Charles W.....1815 N. Capitol Ave. (02) (NS)
Currie, Robert W.....512 E. 57th St. (20) (R)
Curry, R. Louis.....5705 E. 38th St. (18) (GP)
Cusick, James A.....3266 N. Meridian St. (08) (ANES)
Cuthbert, Marvin P...3266 N. Meridian St. (08) (OPH)
Czenkusch, Helen G.....2840 High School Rd. (24) (PD)

D

Daley, Edward H.....5350 E. 38th St. (18) (ANES)
Dallas, Fred R.....1640 N. Ritter Ave. (18) (U)
Dallas, Mary E.
3649 E. 71st St. (02) (ANES)
Dalton, William W.
Lilly Research Labs., P.O. Box 618 (06) (OM)
Daly, Joseph M.....532 Turtle Creek, N. Dr. (27) (PD)
Daly, Walter J.....Ind. Univ. Med Ctr. (02) (IM)
Darbro, David A.....2124 E. Hanna (27) (GP)
Davidson, Dale A.....1815 N. Capitol Ave. (02) (PS)
Davidson, N. Cort (S)..3233 N. Meridian St. (08) (GP)
Davis, Bennie L.....2615 N. Capitol Ave. (08) (U)
Davis, Margaret M.....2603 W. 42nd St. (08) (ANES)
Davis, Sam J.....908 Hume Mansur Bldg. (04) (ORS)
Deacon, Walter E.,.....State Office Bldg. (04) (PH)
Deal, Eleanor H.....4917 W. 15th St. (24) (GP)
Dearmin, Robert M. (S)3233 N. Meridian St. (08) (OTO)
DeArmond, Murray (S)..1815 N. Capitol Ave. (02) (NS)
DeBrota, John, Jr...3524 N. Meridian St. (08) (ANES)
Decatur, David R.....1303 N. Arlington Ave. (19) (GP)
Deever, John W.....4131 Shelby St. (27) (OBG)
Deitch, Robert D.....7210 Madison Ave. (27) (OPH)
Denny, Forrest L.....3351 W. 10th St. (22) (GP)
Denny, James W. (S).....25 N. Ritter Ave. (19) (GP)
DeRosa, G. Paul.....I.U. Med. Ctr. (02) (ORS)
DeWees, Dwight L. (S)..302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M.....4949 Carson Ave. (27) (GP)
Dickson, Carolyn L.....501 N. West St. (02) (GP)
Dill, Myron K.....3120 N. Meridian St. (08) (IM)
Dilts, Robert L.....2521 E. 38th St. (18) (GP)
Dintaman, Paul G...703 Hume Mansur Bldg. (04) (IM)
Dolan, Patrick A.....Methodist Hospital (02) (R)
Donahue, James M.....1815 N. Capitol Ave. (02) (P)
Donato, Albert M.....1429 Shelby St. (03) (GP)
Donnelly, Robert W...313 Hume Mansur Bldg. (04) (R)
Doran, J. Hal.....620 Hume Mansur Bldg. (04) (IM)
Doughty, Samuel R., Jr...5350 E. 38th St. (18) (ANES)
Douglas, William T.....3202 N. Meridian St. (08) (GP)
Dowd, Joseph A.....525 W. Hampton Dr. (08) (IM)
Dryden, Gale E.....5835 N. Tacoma (20) (ANES)
Dubois, Don R.....7150 S. Madison (27) (PD)
Dugan, John R.....6332 Guilford (20) (GP)
Dugan, William M., Jr.
3524 N. Meridian St. (08) (IM)
Duncan, Stuart J.....3037 S. Meridian St. (27) (GP)
Duncan, William A.....1221 E. 86th St. (40) (OBG)
Dunkin, Ramon S.....3266 N. Meridian St. (08) (IM)
Dyar, Edwin W.....1010 E. 86th St. (40) (OPH)
Dyar, Robert W.....1010 E. 86th St. (40) (OPH)
Dyke, Richard W..Marion Co. General Hospital (02) (IM)
Dyken, Mark L.....I. U. Medical Center (02) (N)

E

Earp, Evanson B. (S).3368 Washington Blvd. (05) (GP)
Eastlund, Marvin E.....7661 Harcourt Rd. (60) (OBG)
Eastman, Joseph R., Jr.....220 W. 64th St. (60) (OO)
Eaton, Edwin R.....Community Hospital (19) (GS)
Eaton, Lyman D.....4829 E. 38th St. (18) (IM)
Ebel, Theron A.....7001 Hoover Rd. (60) (IM)
Ebert, J. Wayne (S)....1125 Southview Dr. (27) (GP)
Echt, Charles R.....3266 N. Meridian (08) (OBG)
Edmands, Robert E...1213 N. Arlington Ave., (19) (IM)
Edwards, Joshua L...1100 W. Michigan St. (02) (PATH)
Edwards, Judith A...1032 Navajo Trail S. Dr. (60) (P)
Edwards, Wendell L...Methodist Hospital (02) (ANES)
Egbert, Herbert L.....5317 E. 16th St. (18) (GS)
Eicher, Palmer O.....3266 N. Meridian St. (08) (ORS)
Eldridge, Gail E.....1440 E. 46th St. (05) (GP)
Elkins, James P.....7210 Madison (27) (OBG)
Elliott, Daniel R.....3500 Lafayette Rd. (22) (R)
Elliott, John T.....Methodist Hosp. (02) (U)
Elliott, William C.....3524 N. Meridian St. (08) (CD)
Ellis, William N.....1640 N. Ritter Ave. (18) (GP)
Emhardt, John T.....Indianapolis, Marion
Eskew, Philip N., Jr...3311 Van Tassel Dr. (40) (OBG)
Esparza, Higinio S.
Marion Co. General Hospital (02) (PATH)
Evans, Frederick H.....2140 N. Capitol (02) (OTO)
Evans, Paul V.....Methodist Hospital (02) (PATH)
Everly, Ralph V.....706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr.....I. U. Medical Center (02) (IM)
Farris, John J.....St. Vincent's Hosp. (08) (GP)
Farrell, Joseph T.....513 N. Sherman Dr. (01) (GP)
Fausset, C. Basil.....1815 N. Capitol Ave. (02) (NS)
Fechtman, William F.....6020 Gladden Dr. (20) (OTO)
Feeney, Martin T...532 Turtle Creek, N. Dr. (27) (OBG)
Ferrara, Thomas A.....5470 E. 16th St. (26) (OBG)
Ferree, H. Lane.....1633 N. Capitol Ave. (02) (P)
Ferree, Mary M.....5450 Washington Blvd. (02) (GP)
Ferry, Francis A.....1638 E. Raymond St. (03) (GP)
Finneran, Joseph C.....1802 N. Illinois St. (02) (GS)
Fisch, Charles.....I. U. Medical Center (02) (CD)
Fischer, A. Alan.....I.U. Medical School (02) (GP)
Fisher, William P.....I.U. Medical Center (02) (P)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (03) (GP)
Flanagan, Paul M.....5842 N. LaSalle (20) (OBG)
Flanders, Robert, Jr.....3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B.....3305 Rutledge (08) (ANES)
Fleischl, Herbert.....Central State Hospital (22) (P)
Flora, Joseph O.....4317 W. Washington St. (41) (GP)
Fosgate, Harold L.....4301 E. 38th St. (18) (GP)
Foster, Lee N.....St. Vincent's Hosp. (08) (PATH)
Foster, Lowell G.
Marion Co. General Hospital (02) (P)
Foster, Ray D.....1944 N. Capitol Ave. (02) (OTO)
Fouts, Paul J.....623 Hume Mansur Bldg. (04) (IM)
Franken, E. A., Jr.....I.U. Medical Center (08) (R)
Franklin, William L.508 Hume Mansur Bldg. (04) (ORS)
Franks, Larry C.....Methodist Hosp. (02) (OBG)
Freed, Carl A.....2948 Kessler Blvd., N. Dr. (22) (OBG)
French, Richard N.....LaRue D. Carter Hosp. (02) (P)
French, Robert J.....1915 N. Capitol Dr. (60) (OM)
Fromhold, Willis A.....510 Willard Ave. (27) (GP)
Fry, Robert D.....607 Hume Mansur Bldg. (04) (GS)
Fulton, William H.....7216 S. Madison Ave. (27) (N)
Fundenberger, Martin.....2815 E. 38th St. (18) (OPH)
Furman, Robert H.....307 E. McCarty St. (25) (SR)

G

Gabovitch, Edward R.....1935 N. Capitol Ave. (02) (IM)
Gabrielsen, Ted H.....1815 N. Capitol Ave. (02) (GS)
Gaddy, Euclid T. (S).2602 W. Washington St. (22) (GP)
Gaddy, Nelson D.....3500 Lafayette Rd. (22) (GP)
Gambill, William D.....1633 N. Capitol Ave. (02) (IM)
Garceau, George J. (S)
508 Hume Mansur Bldg. (04) (ORS)
Garber, J. Neill.....1815 N. Capitol Ave. (02) (ORS)
Gard, Daniel A.....1915 N. Capitol Ave. (02) (GP)
Gardiner, Sprague H...I. U. Medical Center (02) (OBG)
Gardner, Austin L.....3266 N. Meridian St. (08) (GS)
Gardner, F. Buckman
St. Vincent's Hospital (08) (ANES)
Gardner, Norman D.....3266 N. Meridian St. (08) (R)
Garfield, Martin D.....3705 College Ave. (05) (GP)
Garner, W. Stanley.....2704 E. 62nd St. (20) (GP)
Garrett, Robert A.....I.U. Medical Center (02) (U)
Gaurano, Lauro M.....234 E. Southern Ave. (25) (IM)
Geider, Roy A.....1525 Prospect St. (03) (GP)
Geisler, Hans E.....5470 E. 16th St. (18) (OBG)
George, Charles L.....1121 E. 80th St. (40) (ANES)
Gerth, Robert E.....Methodist Hospital (02) (R)
Gibson, Greta Maxine
5744 Broadway Terrace (20) (OO)

Gick, Herman H. (S)..2705 E. Michigan St. (01) (GP)
Gillen, Howard W...Marion Co. General Hosp. (02) (N)
Gillespie, Charles F...3400 N. Meridian St. (08) (OBG)
Gillespie, Jacob E...523 Hume Mansur Bldg. (04) (GP)
Gillim, Parvin D...315 Hume Mansur Bldg. (04) (OPH)
Girod, Donald A.....I.U. Medical Center (02) (PD)
Glover, John L.....4124 Sunmeadow Lane (08) (GS)
Goldenberg, David B...712 Hume Mansur Bldg. (04) (R)
Goldman, Samuel....2117 W. Washington St. (22) (GP)
Gonzalez, Alfredo B.....3901 S. East St. (27) (GS)
Goodman, Julius M.....1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J.....2372 Lafayette Rd. (22) (GP)
Gosman, James H.....1815 N. Capitol Ave. (02) (D)
Graham, Edward W.
3531 N. Keystone Ave. (18) (PATH)
Graham, John D.....1802 N. Illinois St. (02) (IM)
Graham, William E...3440 N. Meridian St. (08) (OBG)
Gray, Howard R.....301 Hume Mansur Bldg. (04) (D)
Gray, Kenneth L...2727 N. High School Rd. (24) (GP)
Grayson, Merrill.....I.U. Medical Center (02) (OPH)
Grayson, Ted L.....1815 N. Capitol Ave. (02) (GS)
Green, Joseph B.....I.U. Medical Center (02) (N)
Green, Morris.....Riley Hospital (02) (PD)
Green, Oscar.....P.O. Box 40506 (40) (OTO)
Greene, Morgan E.
Marion Co. General Hospital (02) (GP)
Gregory, Robert L.....5506 E. 16th St. (18) (IM)
Greist, John H.....3231 N. Meridian St. (08) (P)
Grief, Robert S.....2302 E. Troy (03) (GP)
Griffin, Leslie W. Allison Div., General Motors (06) (OM)
Griffith, Richard S.
Lilly Clinic, Marion Co. General Hospital (02) (SR)
Griffith, Ross E...801 Kessler Blvd. W. Dr. (08) (OBG)
Grimes, Eva M.
950 Ellenberger Pkwy., W. Dr. (19) (R)
Grimes, Hubert N.....5516 E. 21st St. (18) (PD)
Grisell, Ted L.....5317 East 16th St. (18) (GS)
Grisell, Ted W.....4541 Guilford (05) (Resident)
Grosz, Hanus J.....I.U. Medical Center (02) (P)
Gruber, Charles M.
Lilly Clinic, Marion Co. General Hospital (02) (IM)

H

Habegger, Elmer D....1815 N. Capitol Ave. (02) (GS)
Hackney, Victor C.....I.U. Medical Center (02) (D)
Hadley, David.....702 Hume Mansur Bldg. (04) (ORS)
Halbrook, Harold Gene.....Meth. Hosp. (02) (GS)
Hall, Jack H.....Methodist Hospital (02) (IM)
Hamburger, Richard J...I.U. Medical Center (02) (IM)
Hamilton, Howard B...901 S. Emerson Ave. (03) (OM)
Hampshire, Donald R.
1443 N. Pennsylvania St. (02) (GP)
Hancock, John G.....2226 W. Michigan St. (22) (GP)
Hann, Eldon C.....1633 N. Capitol Ave. (02) (NS)
Hanna, Thomas A....1608 N. Lynhurst Dr. (24) (GP)
Harcourt, Robert S.....5500 E. 56th St. (26) (GS)
Harding, M. Richard....3949 Meadows Dr. (05) (OPH)
Harding, Myron S. (S).....5410 Radnor Rd. (26) (OO)
Hare, Earl H. (S).....5524 N. Delaware St. (20) (OO)
Hare, Laura.....87 W. 43rd (08) (OO)
Harger, Robert W..804 Hume Mansur Bldg. (04) (OPH)
Harlin, Joyce A.....6456 Cornwall Circle (56) (R)
Harris, Carl B.....319 Hume Mansur Bldg. (04) (OPH)
Hartlage, Patricia L.....401 E. 34th St. (05) (PD)
Harvey, Verne K., Jr.....Indiana State Board of Health
1330 W. Michigan St. (06) (GPM)
Hatfield, Nicholas W.....5851 E. 54th Pl. (26) (GP)
Hawk, Edgar A.....1815 N. Capitol Ave. (02) (ANES)
Hawk, James H.....1330 W. Michigan (06) (PH)
Hawthorne, James J.....2265 Rome Dr. (08) (IM)
Haymond, Joseph L.....301 E. 38th St. (05) (PATH)
Haynes, John T.....1815 N. Capitol Ave. (02) (A)
Healey, Robert J.....3266 N. Meridian St. (08) (IM)
Hedrick, Philip W.....1221 E. 86th St. (40) (PD)
Heimburger, Robert F...I.U. Medical Center (02) (NS)
Helmen, Charles H.....I.U. Med. Center (02) (R)
Helveston, Eugene M...I.U. Medical Center (02) (OPH)
Henderson, Roscoe C.....101 E. 34th St. (05) (GP)
Hendricks, Fred A...6917 N. Keystone Ave. (20) (GP)
Hendricks, John W...911 Hume Mansur Bldg. (04) (U)
Henry, Russell S.....2119 Shelburne Dr. (60) (PUD)
Herod, Gilbert T.....1815 N. Capitol Ave. (02) (TS)
Heubi, John E...Marion Co. General Hospital (02) (PD)
Hibbeln, Frederic P.....1010 E. 86th St. (40) (D)
Hicks, Murwyn L.....5350 E. 38th St. (18) (ANES)
Hildebrand, William L...2963 N. Sherman Dr. (18) (GP)
Hill, Herbert N.....3500 Lafayette Rd. (22) (GP)
Hill, James K.....3500 Lafayette Rd. (22) (PD)
Hilz, Mary Ann.....3901 S. East St. (27) (R)
Himelstein, N. Harvey....3500 Lafayette Rd. (22) (GP)
Himler, James M. (S)
445 N. Pennsylvania St., #809 (04) (IM)
Hobbs, Hudner.....6450 W. 10th St. (24) (PD)
Hoffman, Herman.....650 E. 38th St. (05) (GP)
Hofmann, J. William (S)
924 Park Central Drive, Park Hoover, #B (60) (OO)
Hogan, Michael A.....2704 E. 62nd St. (20) (PD)
Holland, William M.....3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr.....3315 E. 10th St. (01) (GP)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20) (OO)
Hood, Ainslee A.....910 Markwood Ave. (27) (GP)
Hopkins, Bruce J.....3120 N. Meridian St. (08) (OTO)
Hornback, Ned B.....1100 W. Michigan St. (02) (R)
Horwitz, Thomas....421 Hume Mansur Bldg. (04) (ORS)
Hostetter, Michael.....5407 N. Illinois (08) (U)
Howell, Arthur.....126 Berkley Rd. (08) (GS)
Howell, Joseph D.....760 Bankers Trust Bldg. (04) (A)
Hoyt, Lester H.....Methodist Hospital (02) (PATH)
Hoyt, Millard L.....5614 East 21st St. (18) (P)
Hubbard, Jesse D.....I.U.Medical Center (02) (PATH)
Huber, Carl P.....I.U.Medical Center (02) (OBG)
Hull, Ronald H.....1815 N. Capitol Ave. (02) (P)
Hummons, Francis D.
2229 Northwestern Ave. (23) (GP)
Hunterman, Roy K...6799 West 13th St. (24) (Resident)
Hunter, Charles A., Jr...I.U. Medical Center (02) (OBG)
Hurteau, William W...Methodist Hospital (02) (PATH)
Hurwitz, Roger A.....I.U. Medical Center (02) (PDC)
Huse, William M.....1815 N. Capitol Ave. (02) (OBG)
Hutson, Richard A.....1815 N. Capitol Ave. (02) (ORS)

I

Irvine, William O.....1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr.....I.U. Medical Center (02) (IM)
Isenbarger, Karl.....111 E. 75th St. (40) (GP)
Iske, Paul G. (S).....818 East 79th St. (40) (IM)

J

James, Charles E.....6939 N. Michigan Rd. (68) (GP)
Jay, Arthur N.....P.O. Box 406 (06) (ADM)
Jay, James M.....1626 Hall Pl. (02) (IM)
Jenkins, John E., Jr.....3740 Central Ave. (05) (GP)
Jenkins, Robert E.....3440 N. Meridian St. (08) (D)
Jennings, Frank L. (S).....60 Meridian Pl. (05) (IM)
Jesseph, John E.....1100 West Michigan St. (02) (GS)
Jewett, Joe H.....3120 N. Meridian St. (08) (IM)
Jobes, James E...54 Monument Circle, #510 (04) (OM)
Johnson, A. Cedric, Jr...1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H.....4801 Plantation Dr. (50) (U)
Johnson, Thomas W.....1802 N. Illinois St. (02) (OTO)
Johnson, Wayne Lee.....I.U. Med. Ctr. (02) (OBG)
Jones, Allen W.....6060 College Ave. (20) (IM)
Jones, David E.....828 C. of C. Bldg. (04) (OTO)
Jones, Francis P.....745 N. Riley Ave. (01) (GP)
Jones, Gordon C.....1517 N. Emerson (19) (GP)
Jones, Randolph W.....2416 N. Capitol Ave. (08) (OBG)
Jones, Richard A.....3120 N. Meridian St. (08) (OTO)
Jontz, Jon P.....5350 E. 38th St. (18) (ANES)
Joseph, Rex M.....59 E. Troy Ave. (25) (GP)
Jowitt, Richard H.....1502 N. Emerson (19) (IM)
Joyner, John E....3901 N. Meridian St., #336 (08) (NS)
Judd, Russell L.....1303 N. Arlington Ave. (19) (U)
Judson, Walter E.....I.U. Medical Center (02) (CD)

K

Kahler, Maurice V. (S)..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J.....3120 N. Meridian St. (08) (PD)

Kahn, Howard L.....3120 N. Meridian St. (08) (OBG)
Kaiser, James L.....1815 N. Capitol Ave. (02) (ORS)
Kalsbeck, John E.....I.U. Medical Center (02) (NS)
Kammen, Leo.....3202 W. 16th St. (22) (GP)
Kane, Jack L.....7856 Claredon Rd. (20) (IM)
Karsell, William A.....5500 E. 16th St. (18) (OBG)
Katterjohn, James C..313 Hume Mansur Bldg. (04) (R)
Keating, John U.....3000 W. Washington St. (22) (P)
Kebel, Arthur P.....4411 N. Meridian St. (GP)
Keenan, George B.....3225 Shelby St. (27) (GP)
Kendall, Wm. R.....3202 N. Meridian St. (08) (ANES)
Kennedy, Hunter F.....5790 E. Michigan St. (GP)
Kennedy, Joseph T.....5350 E. 38th St. (18) (ANES)
Kenney, David B.....5506 E. 16th St. (18) (OPH)
Kerner, Donald J.....7431 Orinoco Ave. (27) (GP)
Kerr, Harry R. (S)..5774 Washington Blvd. (20) (OO)
Kiefer, C. Raymond.....1315 W. 10th St. (02) (CHP)
Kight, Jerry L.....1048 Kings Court (60) (IM)
Kim, Kil Chol.....I.U. Medical Center (02) (ANES)
King, Harold.....I.U. Medical Center (02) (GS)
King, Leroy H.....1604 N. Capitol (02) (IM)
King, Nina Clevinger.....1769 Beeler Ave. (24) (IM)
King, Robert D.....I.U. Medical Center (02) (GS)
Kirkhoff, Paul J.....5317 E. 16th St. (18) (PD)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St. (06) (SR)
Kissel, Wesley A.....1815 N. Capitol Ave. (02) (P)
Klain, Benjamin V.....4157 College Ave. (05) (GP)
Kleit, Stuart A.....I.U. Medical Center (02) (IM)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Kohlstaedt, Kenneth G.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kooiker, John E.....1815 N. Capitol Ave. (02) (P)
Koons, Karl M. (S)....5767 N. Pennsylvania (20) (OO)
Kopecky, Robert R.....4131 Shelby St. (27) (OBG)
Kornafel, L. H.....905 Hume Mansur Bldg. (04) (GS)
Kraft, Bennett.....760 Bankers Trust Bldg. (04) (A)
Kriel, William B.....5630 W. Washington St. (41) (GP)
Kuntz, Herman W...611 Hume Mansur Bldg. (04) (OTO)
Kurlander, Gerald J.....Community Hospital (19) (R)
Kurtz, Fred B. (S).....5520 N. Illinois St. (08) (GP)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kurtz, Richard.....3351 N. Meridian (08) (OTO)
Kwitny, Isadore J.....3400 N. Meridian St. (08) (IM)

L

LaDine, Clarence B.....2077 N. Emerson (18) (GP)
Lamb, Emmett B. (S).....205 Hume Mansur Bldg. (04) (GS)
Lamb, Russell W.....205 Hume Mansur Bldg. (04) (GS)
Lamber, Chet K.....914 Hume Mansur Bldg. (04) (GS)
Lambert, Dennis M.....I.U. Med Ctr. (02) (Resident)
Lamkin, E. Henry, Jr.....1935 N. Capitol (02) (IM)
Landwehr, Alfons.....5217 Leone Pl. (26) (IM)
Lane, C. Elaine.....2840 N. High School (24) (IM)
Lang, Jay W.....5350 E. 38th St. (18) (ANES)
Largaespada, Manuel.....549 S. Fleming (41) (GS)
Lasich, Anthony R.....1815 N. Capitol Ave. (02) (ORS)
Lautzenheiser, Richard L.
9317 Sherwood Lane (40) (Resident)
Lawrence, James M.....8036 Gunnery Circle (78) (OPH)
Lawson, Allan J.....1010 E. 86th St. (40) (PD)
Leatherman, Harter L. (S)..1502 E. 46th St. (05) (GP)
Lee. Domingo K.....3901 S East St. (27) (PMR)
Leffel, James M.....1633 N. Capitol Ave. (02) (GS)
Leffler, William T.....2141 E. 52nd St. (05) (GP)
Lehman, Evan L.
3351 N. Meridian St., #200 (08) (OBG)
LeMaster, Theodore R.
800 Hume Mansur Bldg. (04) (OPH)
Leser, Ralph U.....3901 N. Meridian St. (08) (IM)
Levi, Leon.....40 W. 38th St. (08) (IM)
Lewis, Earl.....2555 S. Davis Rd. (39) (GP)
Lewis, Paul S.....6357 Rockville Rd. (24) (GP)
Lichtenberg, Melvin.....535 E. 38th St. (05) (GP)
Lidikay, Edward C.....5506 E. 16th St. (18) (OBG)
Liebschutz, Norman H.....6450 W. 10th St. (24) (PD)
Lindenborg, Paul G..3016 N. Arlington Ave. (18) (GP)
Lindseth, Richard E.....I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E..1100 W. Michigan St. (02) (OTO)
Link, Goethe (S).....401 N. Illinois St. (04) (GS)
Littlefield, Paul A.
4040 Crooked Creek Overlook (08) (ANES)
Littlefield, Shirley D. 1815 N. Capitol Ave. (02) (ANES)
Lloyd, Frank P.....Methodist Hospital (02) (OBG)
Logan, Patrick C.....5506 E. 16th St. (18) (D)
Loomis, Norman S. (S)....5416 E. 81st St. (50) (OO)
Lord, Glenn C.....104 E. 38th St. (05) (IM)
Lord, Thomas J.....3266 N. Meridian St. (08) (IM)
LoSasso, Alvin M.....1100 W. Michigan (02) (ANES)
Louden, Robert W.....1221 E. 86th St. (40) (GP)
Love, George N.....5331 Washington Blvd. (20) (ANES)
Lowe, John C.....1303 N. Arlington Ave. (19) (IM)
Lozow, David.....3949 Meadows Dr. (05) (ORS)
Lucas, Clarence A., Jr...2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M.....5470 E. 16th St. (18) (P)
Lukemeyer, George T...I.U. Medical Center (02) (IM)
Lunsford, Thomas E.....1815 N. Capitol Ave. (02) (N)
Luros, J. Theodore.....1633 N. Capitol Ave. (02) (NS)
Lybrook, William B.....1564 N. Downey Ave. (19) (GP)
Lynn, Gene E.....1815 N. Capitol Ave. (02) (P)

M

MacDougall, John D.....3949 Meadows Dr. (05) (GS)
MacWilliams, Robert H...1915 N. Capitol Ave. (02) (GS)
McAree, Francis E., Jr.....5470 E. 16th St. (18) (OBG)
McCallum, Donald C.....1815 N. Capitol Ave. (02) (U)
McCallum, Robert N.....3266 N. Meridian St. (08) (IM)
McCarthy, Leo J.....5506 N. Illinois St. (08) (PATH)
McCartney, Donald H.
1021 Hume Mansur Bldg. (04) (ORS)
McClain, Edwin S.....3500 Lafayette Rd. (22) (OBG)
McCormick, Charles O., Jr...5506 E. 16th St. (18) (OBG)
McDaniel, Edwin C.....1815 N. Capitol Ave. (02) (U)
McDougal, Robert A..3202 N. Meridian St. (08) (PATH)
McElroy, James T.....209 Hume Mansur Bldg. (04) (IM)
McGrath, Michael F.....1929 E. 38th St. (18) (GP)
McIntyre, James M.....1815 N. Capitol Ave. (02) (PR)
McKinley, A. David.....I.U. Medical Center (02) (IM)
McLaren, Daniel E.....6000 E. 46th St. (26) (GP)
McNutt, Cyrus C.....8639 Lancaster Rd. (60) (PATH)
McPike, Joseph D.....St. Vincents Hosp. (08) (GP)
McQuiston, Ralph J.....608 Guaranty Bldg. (04) (OTO)
Mackey, John E.....3400 N. Meridian St. (08) (OBG)
Madtson, A. Ricks
1815 N. Capitol Ave., #307 (02) (GS)
Madura, James A.
228 Emerson Hall, I.S.M.C. (02) (GS)
Malloy, Francis E., Jr.....5350 E. 38th St. (18) (ANES)
Mandelbaum, Isidore.....I.U. Medical Center (02) (GS)
Manders, Karl L.....5506 E. 16th St. (18) (NS)
Manion, Marlow W..601 Hume Mansur Bldg. (04) (OTO)
Mann, Mortimer.....3426 N. Meridian St. (08) (OPH)
Manning, K. Randolph..1815 N. Capitol Ave. (02) (ORS)
Manzie, Michael W.....3500 Lafayette Rd. (22) (GS)
Marks, John S., Jr.....5506 E. 16th St. (18) (NS)
Marsh, Carl M.....101 N. Shortridge Rd. (19) (IM)
Martin, Freeman.....3901 N. Meridian St. (08) (GP)
Martin, Hugh E.....3644 W. 69th (68) (OO)
Martin, Loren H...2626 W. Washington St. (22) (GP)
Martz, Bill L.....Marion Co. Gen. Hosp. (02) (IM)
Martz, Carl D.....912 Hume Mansur Bldg. (04) (ORS)
Masbaum, Ned P.....1010 E. 86th (40) (P)
Masters, John M. (S)
805 Hume Mansur Bldg. (04) (OPH)
Matthew, W. Burleigh
518 Hume Mansur Bldg. (04) (OPH)
Matthews, Bernard J.(S) 966 N. Graham Ave. (19) (OO)
Matthews, William M..I.U. Medical Center (02) (ANES)
Maxam, B. T.....3524 N. Meridian St. (08) (IM)
Maxson, Roy V.....5350 E. 38th St. (18) (ANES)
Mealey, John, Jr.....I.U. Medical Center (02) (NS)
Megenhardt, Dennis S...3266 N. Meridian St. (08) (GS)
Melin, John R.....1633 N. Capitol Ave. (02) (OBG)

Mentendiek, Maurice H...141 Buckingham Dr. (08) (IM)
Mentendiek, Mary Ann..141 Buckingham Dr. (08) (IM)
Mercado, Zenaida.....5506 E. 16th St., #25 (18) (PD)
Mericle, Earl W.....1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald.....I.U. Medical Center (02) (IM)
Mershon, Jack B.....3855 E. 10th St. (01) (PATH)
Mertz, John H. O.....1711 N. Capitol Ave. (02) (U)
Michael, Amos.....Marion Co. Gen. Hosp. (02) (PATH)
Michael, Isaac E...2948 Kessler Blvd., N. Dr. (22) (IM)
Middleton, Harvey N. (S)
1828 N. Illinois St. (02) (IM)
Miller, Frank H.....5506 E. 16th St. (18) (OPH)
Miller, Jerry A.....3202 N. Meridian St. (08) (ANES)
Miller, Jerry R.....I.U. Medical Center (02) (ANES)
Miller, John D. Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt.....6000 E. 46th St. (26) (GP)
Miller, Roscoe E.....I.U. Medical Center (02) (R)
Mitchell, George H....6049 E. Washington St. (19) (D)
Moak, Glenn D.....712 Hume Mansur Bldg. (04) (R)
Moe, John F.....3500 Lafayette Rd. (22) (GP)
Montoya, Henry E.....3266 N. Meridian St. (08) (IM)
Moore, Donald F.....1315 W. 10th St. (02) (P)
Moore, Harold T.....1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S.....400 Hume Mansur Bldg. (04) (PS)
Moores, William B.....2205 Durham Dr. (20) (D)
Moran, Thomas E...7150 South Madison Ave. (27) (GP)
Morgan, Margaret E.....4144 N. Penn. (05) (P)
Moriarty, John R.....5602 Madison Ave. (27) (GP)
Morrison, Lewis E..603 Hume Mansur Bldg. (04) (OTO)
Morse, Robert P.....5316 E. 16th (18) (GP)
Morton, Joseph L.....St. Vincent's Hosp. (08) (R)
Morton, Philip M.....1815 N. Capitol Ave. (02) (P)
Morton, Walter P. (S)
3434 Fall Creek Blvd. (05) (OO)
Mosbaugh, Phillip G.....1711 N. Capitol (02) (U)
Moss, Bobby L.....5310 E. 16th St. (18) (GP)
Moss, Harlan B.....1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C.....1564 N. Downey (19) (GS)
Mothersill, Mark H. (S)....3650 College Ave. (05) (A)
Mouser, Robert W.....6201 Park Ave. (20) (GP)
Mullen, James B.....3120 N. Meridian St. (08) (IM)
Muller, Lullus P.....3120 N. Meridian St. (08) (GS)
Muller, Paul F.....St. Vincent Hosp. (08) (OBG)
Muller, Victor H.....2128 N. Meridian St. (02) (PATH)
Mullinix, F. Michael
6409 Consulate Court, #1717 (24) (GP)
Murray, Raymond H. ..I.U. Medical Center (02) (IM)
Myers, Charles W. (S)...R. R. 18, Box 256 (24) (OO)

N

Nagan, Robert F.....606 Hume Mansur Bldg. (04) (GS)
Nasser, William K.....I.U. Medical Center (02) (CD)
Nation, Robert D.....6332 Guilford Ave. (20) (GP)
Nay, Richard M.....3524 N. Meridian St. (08) (IM)
Need, David J.....7210 Madison Ave. (27) (PD)
Need, Louis T.....1927 S. Meridian St. (25) (GP)
Need, Richard L.....7150 S. Madison Ave. (27) (IM)
Nester, Henry G.....5324 N. Penn (20) (PH)
Newman, Daniel M.....1711 N. Capitol Ave. (02) (U)
Ng, Anastacio C.....8927 Spicewood Rd. (60) (R)
Nicholas, Dennis J.....5300 Farhill Rd. (26) (ANES)
Nie, Louis W.....3231 N. Meridian St. (08) (P)
Nohl, John M.....457 N. Emerson Ave. (19) (GP)
Nolin, Richard T.....10455 N. College Ave. (80) (P)
Nolting, Henry F. (S).....5300 W. 96th St. (68) (OO)
Norman, William H. 908 Hume Mansur Bldg. (04) (ORS)
Norris, Max S.....208 Hume Mansur Bldg. (04) (IM)
Nourse, Myron H.....1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J.....6840 N. Delaware St. (20) (OO)
Nurnberger, John I.....I.U. Medical Center (02) (P)

O

O'Brian, Earl J.....3500 Lafayette Rd. (22) (GP)
Ochsner, Harold C...6414 C Park Central Way (60) (R)
Offutt, Andrew C.....Indiana State Board of Health,
1330 W. Michigan St. (06) (PH)
Oldham, Alberta K.....11850 Brookville Rd. (29) (GP)
Olvey, Ottis N.....3231 N. Meridian St. (08) (IM)
Olvey, Stephen E.....630 College Lane (40) (Resident)
Otten, Claude F.....812 C. of C. Bldg. (04) (OM)
Overley, Ross A.....1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr.....I.U. Medical Center (02) (P)
Owen, John E. (S).....4429 N. Illinois (08) (GS)
Owens, Tracy C.....2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr.....3151 N. Illinois St. (08) (GS)
Palmer, Robert M.....1255 W. 86th St. (60) (ORS)
Palmer, Robert W.....5398 Hillside Ave. (20) (IM)
Pantzer, John G., Jr....1815 N. Capitol Ave. (02) (PS)
Parker, George F., Jr..1502 N. Emerson Ave. (19) (PDA)
Parker, John F.....6508 E. Washington St. (19) (GP)
Parker, Portia (S).....2226 W. Michigan St. (22) (GP)
Parks, Herbert E.....5533 Overbrook Circle (26) (R)
Parr, Robt. Lowell.....5430 E. 21st St. (18) (PD)
Pauszek, Robert B.....6815 Creekside Lane (20) (PD)
Paz, Juan A.....6056 E. Washington St. (19) (GP)
Pearce, Robert M.....134 E. Berwyn St. (25) (CHP)
Pearson, John S.....American United Life Ins. Co.,
30 W. Fall Creek Parkway (06) (ADM)
Peck, Franklin B., Jr.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Peirce, James D.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Perez, Helio C.....1315 W. Tenth St. (02) (P)
Petranoff, Theodore V. (S)
515 N. Tibbs Ave. (22) (GP)
Pfaff, Dudley A. (S)
3602 Central Ave., Apt. A-3, (05) (OO)
Phillips, David L.....3400 N. Meridian St. (08) (P)
Pickett, Robert D.....3524 N. Meridian St. (08) (IM)
Pile, Stafford W., Jr.....1802 N. Illinois St. (02) (U)
Pittman, John N.....1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E.....Methodist Hospital (02) (PATH)
Popplewell, Arvine G.
Marion Co. General Hospital (02) (PUD)
Powell, Richard C.....I.U. Medical Center (02) (IM)
Pratt, George B. III.....9084 Dewberry Ct. (60) (R)
Pribble, Robert H.....Community Hospital (19) (PATH)
Price, David W.....1815 N. Capitol Ave. (02) (GS)
Price, Francis W.
Eli Lilly & Co., P. O. Box 618 (06) (GP)
Price, James O.....5506 East 16th St. (GS)
Pride, Glenn L.....1100 W. Michigan St. (02) (OBG)
Proos, John M., III.....5529 Guilford Ave. (20) (GP)
Pryor, Richard C.....6111 College Ave. (20) (GP)

Q

Quigley, George J.....7510 N. Audubon Rd. (50) (OPH)
Quigley, Joseph B.....5506 E. 16th St. (19) (OPH)
Quigley, Joseph W.....6332 Guilford (20) (GP)

R

Raber, Robert M.....3266 N. Meridian St. (08) (PS)
Rader, George S.....1815 N. Capitol Ave. (02) (P)
Rafalski, Thomas A.....3120 N. Meridian St. (08) (IM)
Ragan, William D.....3400 N. Meridian (08) (OBG)
Ramage, Walter F.....5440 Shelbyville Rd. (27) (GP)
Ramirez, Efren A.....2422 Station St. (18) (GP)
Ramsey, Frank B..3266 N. Meridian St. #705 (08) (GS)
Rapp, George F.....508 Hume Mansur Bldg. (04) (ORS)
Rawls, George H.....3151 N. Illinois St. (08) (GS)
Ray, Carl S.....RCA Mail Location 27-138,
600 N. Sherman Dr. (01) (GP)
Rees, Russel C.....6114 E. Washington St. (19) (GP)
Reid, Charles A.....2445 Shelby St. (03) (OBG)
Reitz, Lawrence A.....3500 Lafayette Road (22) (GP)
Rice, Frederic A., Jr.....7017 Pendleton Pike (26) (GP)
Rice, Raymond D.....1010 E. 86th St. (40) (OBG)
Rice, Raymond M. (S)..7799 E. Holliday Dr. (60) (OO)
Rich, Richard B.....1810 E. 62nd St. (20) (OPH)
Richter, Arthur B...720 Hume Mansur Bldg. (04) (IM)
Riner, Jack K.....5317 E. 16th St. (18) (GS)
Ritchey, James O.....608 Hume Mansur Bldg. (04) (IM)
Ritter, Merrill A.....I.U. Med. Ctr. (02) (ORS)
Ritter, Wayne L.....404 Hume Mansur Bldg. (04) (IM)
Robb, John A.....I.U. Med. Center (02) (R)
Robbins, Lewis C.....Methodist Hospital (02) (PMR)
Roberts, Warren C.....2525 Shadeland Ave. (19) (OM)
Robinson, Earle U., Jr.....101 W. 28th St. (08) (OBG)

Rochlin, Isidore.....1919 N. Capitol (02) (IM)
Roesch, Ryland P.....5439 Shorewood Dr. (20) (ANES)
Roeske, Nancy A....6815 N. Pennsylvania St. (20) (P)
Rogers, Donald L.....3426 N. Meridian St. (08) (PD)
Rogge, James D.....7216 Madison Ave. (27) (GE)
Rohn, Robert J.....I.U. Medical Center (02) (IM)
Roller, Charles W. (S).....915 Hervey (03) (GP)
Romberger, Floyd T., Jr.
3400 N. Meridian St. (08) (OBG)
Rosenak, Bernard D.....1815 N. Capitol Ave. (02) (IM)
Rosenbaum, Irving, Jr.....401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J.....Methodist Hospital (02) (PD)
Ross, Alexander T.....I.U. Medical Center (02) (N)
Ross, Edward.....1935 N. Capitol Ave. (02) (CD)
Roth, Bertram S.....6434 N. College Ave. (20) (PD)
Row, D. Hamilton (S).....906 Hume Mansur Bldg. (04) (OPH)
Ruddell, Karl R. (S)..3202 N. Meridian St. (08) (GS)
Ruddell, Keith R.....3202 N. Meridian St. (08) (GS)
Rudesill, Cecil L. (S)....3941 N. Delaware St. (05) (OO)
Rudesill, Robert L...405 Hume Mansur Bldg. (04) (IM)
Rushmore, Charles H.....240 N. Meridian St. (06) (OM)
Russell, Donald E.
812 Chamber of Commerce Bldg. (04) (ORS)
Russell, John R.....1815 N. Capitol Ave. (02) (NS)
Rust, Roland B.....3949 Meadows Drive (05) (IM)
Ruth, Martin L. (S).....4304 E. Washington St. (01) (OTO)
Ryan, Glen V.....3500 Lafayette Rd. (22) (GP)

S

Sabens, James A.....8375 Pendleton Pike (26) ((GP)
Sage, Russell A., Jr.....1944 N. Capitol Ave. (02) (OTO)
Sales, Avelino T.....2005 Suffolk Lane (60) (ANES)
Sanders, Harry M.....4829 E. 38th St. (18) (GP)
Saperstein, Morris.....1815 N. Capitol Ave. (02) (P)
Sato, Takuya.....4475 Clover Dr. (08) (CHP)
Sauer, John B.....1229 E. Prospect (03) (GP)
Schaffer, Edward V...1815 N. Capitol Ave. (02) (ORS)
Schechter, John S.....3400 N. Meridian St. (08) (IM)
Scheidler, James A.....3519 Catalpa Ave. (08) (IM)
Scheier, Emil W. (S).9220 Vandergriff Rd. (39) (OO)
Schlaegel, Theodore F., Jr.
I.U. Medical Center (02) (OPH)
Schlegel, Donald M.....1815 N. Capitol Ave. (02) (GS)
Schmalhausen, Ansel W..1815 N. Capitol Ave. (02) (GS)
Schmidt, Loren F.....3266 N. Meridian St. (08) (GS)
Schmoyer, Maurice R..Community Hospital (19) (PATH)
Schneider, Carl J.....1008 N. Beville Ave. (01) (GP)
Schneider, Paul A.....4829 E. 38th St. (18) (ORS)
Schnute, Richard B.....I.U. Medical Center (02) (IM)
Schroeder, James E.....3524 N. Meridian (08) (IM)
Schubert, Esther
1300 W. Michigan St., #104 (02) (Resident)
Schuchman, Gabriel....3620 N. Meridian St. (08) (GP)
Schuchman, Harvey A.....5944 Central Ave. (20) (IM)
Schumacher, Richard R...3524 N. Meridian St. (08) (IM)
Schuster, Dwight W.....1815 N. Capitol Ave. (02) (P)
Scofield, John B.....3120 N. Meridian St. (08) (P)
Scott, George E.....4110 Roland Rd. (08) (ANES)
Scott, I. Winfield.....3400 N. Meridian St. (08) (PD)
Scott, John R.....6214 Broadway (20) (PD)
Seaman, Charles F.....Community Hospital (19) (IM)
Searight, John L.....1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L.....4548 College Ave. (05) (GP)
Sellmer, George W.....1221 E. 86th St. (40) (GP)
Sexson, Hiram T.....3201 N. Meridian St. (08) (GP)
Seybert, Thomas C.....5440 E. 38th St. (18) (GP)
Shafer, Marion R...614 Hume Mansur Bldg. (04) (IM)
Shanafelt, Donald K.....1802 N. Illinois St. (02) (OBG)
Shapiro, Burton J.....3620 N. Meridian St. (08) (OPH)
Shelley, Richard J.....5470 E. 16th St. (18) (OBG)
Sherster, Harry 1501 Morris Plan Bldg., % Dale Francis (04) (GP)
Shipley, Edward.....1949 E. 11th St. (01) (CHP)
Shumacker, Harris B., Jr.
I. U. Medical Center (02) (CD)
Sicks, Okla W. (S).....607 E. 82nd St. (40) (OO)
Sidebottom, Earl W...507 Hume Mansur Bldg. (04) (GS)
Siderys, Harry.....1815 N. Capitol Ave. (02) (TS)
Siebe, Jack C.....4829 E. 38th St. (18) (GP)
Siersdorfer, Theodore N. (S)
5559 W. Morris St. (41) (GP)
Sigmond, Harvey W. 321 Hume Mansur Bldg. (04) (ORS)
Silver, Richard A.....712 Hume Mansur Bldg. (04) (R)
Simmons, James E.....I.U. Medical Center (02) (CHP)
Simms, James Leon.....3140 N. Illinois St. (08) (GP)
Sims, J. Lawrence.....3949 Meadows Dr. (05) (OTO)
Slichenmyer, Jack E.....3500 Lafayette Rd. (22) (OTO)
Sluss, David H. (S).....808 C. of C. Bldg. (04) (GS)
Smith, David.....7141 Moorgate Rd. (50) (PATH)
Smith, David L. (S).....7979 High Dr. (40) (OO)
Smith, E. Rogers (S)
722 Hume Mansur Bldg. (04) (P)
Smith, Francis C. (S).1102 N. Irvington Ave. (19) (OO)
Smith, Ray C.....5506 E. 16th St. (18) (GS)
Smith, Roy Lee (S)..707 Underwriters Bldg. (04) (U)
Snodgrass, Robert E.
532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S.....1815 N. Capitol (02) (GS)
Soper, Hunter A.....3524 N. Meridian St. (08) (IM)
Sotolongo, Eladio....1815 N. Capitol Ave. (02) (ANES)
Souter, Martha C. (S)..3360 N. Meridian St. (08) (PD)
Sovine, Joe W.....504 Hume Mansur Bldg. (04) (IM)
Spahr, John F., Jr.....3400 N. Meridian St. (08) (OBG)
Spalding, Joseph J..706 Hume Mansur Bldg. (04) (OPH)
Sparks, Alan L...1024 Hume Mansur Bldg. (04) (OTO)
Spears, John M.....7046 Madison Ave. (27) (PD)
Spolyar, Louis W.....Indiana State Board of Health, 1330 W. Michigan St. (02) (PH)
Spurgeon, Charles H.....2500 W. 25th St. (08) (N)
Sputh, Carl B., Jr.....5506 E. 16th St. (18) (OTO)
Stadler, Harold E.....41 N. Shortridge Rd. (19) (PD)
Stansbury, William E.....5601 E. 21st St. (18) (GP)
Stayton, Chester A., Jr.
313 Hume Mansur Bldg. (04) (R)
Steger, Byron L.....3232 N. Meridian St. (08) (ADM)
Steichen, James B.
4344 Fall Creekway, North (05) (Resident)
Steinmetz, Edward F.....5105 N. Meridian (08) (CD)
Stephens, Donald E.....1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H.
501 Hume Mansur Bldg. (04) (OPH)
Stevens, Sydney L.....1802 N. Illinois St. (02) (OTO)
Stoelting, Vergil K...I.U. Medical Center (02) (ANES)
Stogsdill, Willis W.....3266 N. Meridian St. (08) (GP)
Stone, Alvin T.....6202 College Ave. (20) (GP)
Stone, David F..Eli Lilly & Co., P.O. Box 618 (06) (SR)
Storer, William R.....3266 N. Meridian St. (08) (IM)
Storey, D. Edmund.....1010 E. 86th St. (40) (IM)
Stouder, Stephen R.....St. Vincents Hosp. (08) (GE)
Strang, William C.....1815 N. Capitol Ave. (02) (P)
Streeter, Ralph T.....3131 E. 38th St. (18) (OBG)
Strickland, James W...3266 N. Meridian St. (08) (ORS)
Strickland, Neil R.....5506 E. 16th St. (18) (OBG)
Stucky, Elsworth K.....1349 Madison Ave. (25) (GP)
Stump, Loyd K.....3949 Meadows Dr. (05) (IM)
Stump, Thomas A...Community Hospital (19) (PATH)
Suelzer, John G.....3266 N. Meridian St. (08) (ORS)
Suess, Robert E.....2206 N. Arlington Ave. (18) (IM)
Sullivan, James J...St. Vincent's Hospital (08) (PATH)
Summerlin, Jack D....3351 N. Meridian St. (08) (OTO)
Surratt, Mary Norris.....1010 E. 86th St. (40) (OPH)
Sutton, William E.....5807 Brockton Dr. (20) (U)
Swan, John R.....915 Hume Mansur Bldg. (04) (OTO)
Symmes, Alfred T.....1010 E. 86th St. (40) (IM)
Szynal, John S.....2811 E. 46th St. (05) (GS)

T

Talbott, Dan E.....6470 N. Michigan Rd. (68) (OO)
Taube, Jack I.....214 Hume Mansur Bldg. (04) (OPH)
Tavel, Morton E.....1815 N. Capitol Ave. (02) (IM)
Taylor, Clifford C.....Community Hospital (19) (R)
Taylor, Frederic W.....3524 N. Meridian St. (08) (GS)
Taylor, Willis D.....Ford Motor Co., P.O. Box 19106 (19) (OM)
Teague, Frank W..1021 Hume Mansur Bldg. (04) (ORS)
Teixler, Victor A...818 Hume Mansur Bldg. (04) (OPH)
Tepfer, Milton.....4746 Jennys Rd. (08) (ANES)
Test, Charles E.....1006 Hume Mansur Bldg. (04) (IM)

Teter, George V.....1221 E. 86th St. (40) (PD)
Tether, Joseph E.....208 Hume Mansur Bldg. (04) (IM)
Tharpe, Ray G.....3202 N. Meridian St. (08) (GS)
Thatcher, Hugh K., Jr.....4548 College Ave. (05) (GP)
Thoman, Rex L.....1815 N. Capitol Ave. (02) (IM)
Thomas, Charles R...9009 E. Southport Rd. (59) (OBG)
Thomas, E. Paul.....3540 N. Illinois St. (08) (A)
Thomas, Fred A. (S)....5827 Broadway (20) (ANES)
Thomas, Lowell I.....1815 N. Capitol Ave. (02) (ORS)
Thomas, Morris E.....1802 N. Illinois St. (02) (IM)
Thompson, Joseph F.....I.U. Medical Center (02) (OBG)
Thompson, Paul D.
423 Hume Mansur Bldg. (04) (OPH)
Thompson, Wayne H.....5470 E. 16th St. (18) (GS)
Thornton, Harold C.....301 E. 38th St. (05) (PATH)
Throop, Frank B....3266 N. Meridian, #508 (08) (ORS)
Tindall, George T.....6002 Windsor Dr. (18) (GP)
Tinsley, Walter B., Jr.....8432 W. 85th St. (78) (GP)
Tinsley, Walter B. (S).....5300 W. 96th Street (OO)
Tondra, John M.....400 Hume Mansur Bldg. (04) (PS)
Tord, Jose N.....3266 N. Meridian St. (08) (IM)
Torrella, Jose A.....5324 W. 16th St. (24) (GP)
Toumey, Fred L.....1802 N. Illinois St. (02) (OTO)
Townley, Normand T. 3202 N. Meridian St. (08) (ANES)
Trudgen, Spencer F.....1010 E. 86th St. (40) (OBG)
Trusler, H. Marshall.408 Hume Mansur Bldg. (04) (PS)
Tuchman, Joseph H.....2040 E. 46th St. (05) (GP)
Tucker, Warren S...414 Hume Mansur Bldg. (04) (PUD)
Tyner, Harlan H.....3202 N. Meridian St. (08) (OPH)

U-V

Ullom, Ralph B.....3524 N. Meridian St. (08) (IM)
Van Campen, Warren M.
3524 N. Meridian St. (08) (ANES)
Vandivier, James M...209 Hume Mansur Bldg. (04) (IM)
Van Dorn, Myron J.....2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine.....Indiana State Board of Health, 1330 W. Michigan St. (06) (PATH)
Van Hove, Eugene D....7816 Windcombe Blvd. (40) (R)
Van Meter, C. Powell.....3419 E. 10th St. (01) (GP)
Van Tassel, Charles J., Jr.
709 Hume Mansur Bldg. (04) (U)
Van Vactor, Helen D...1815 N. Capitol Ave. (02) (IM)
Vollrath, Victor J.....5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard.....6919 E. 10th St. (19) (GP)
Vore, Robert E.....5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M.....3175 Watergate Pl. North Apt. #3 (24) (PD)
Wahle, William M.....1710 Brewster Rd. (60) (PATH)
Waife, S. O..Eli Lilly & Co., 740 S. Alabama (06) (IM)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)
Waldo, J. Thayer (S).....3989 Meadows Dr. (05) (GS)
Walther, Joseph E.....3202 N. Meridian St. (08) (IM)
Walton, William M.....1802 N. Illinois St. (02) (U)
Ward, Wesley C.....5130 N. Meridian St. (08) (GP)
Warneke, Charles H...1815 N. Capitol Ave. (02) (ORS)
Warner, Theodore M., II..Methodist Hosp. (02) (PATH)
Warriner, James B.....1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr.....1010 E. 86th St. (40) (IM)
Washington, Wilbert.....2142 N. Capitol (02) (OPH)
Weaver, Dorothy E.....3000 W. Washington (22) (IM)
Webb, Michael K.....3266 N. Meridian St. (08) (OBG)
West, Joseph L.....6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper.....668 E. 38th St. (05) (GP)
Wheeler, David E.....Community Hospital (19) (R)
Wheeler, Edward C.....3500 Lafayette Rd. (22) (R)
White, Donald J.....3524 N. Meridian St. (08) (A)
White, Douglas H.....3524 N. Meridian St. (08) (IM)
White, John B., Jr.....1815 N. Capitol Ave. (02) (ORS)
Widdifield, G. E....532 Turtle Creek, N. Dr. (27) (GP)
Wilbrandt, Hans R.....5324 W. 16th St. (24) (OPH)
Wilkens, Irvin W.....4820 E. 16th St. (01) (IM)
Williams, Harold W.....6000 E. 46th St. (26) (GP)
Williams, Howard S.....Community Hospital (19) (IM)
Williams, Hugh L.....4829 E. 38th St. (18) (ORS)
Williams, Paul D.....35 Meridian Lane (20) (P)
Wilson, Fred M.....I.U. Medical Center (02) (OPH)
Winters, Peter Lee....5261 N. Pennsylvania (20) (GP)
Wirey, Harold R.....7377 S. Madison Ave. (27) (GP)
Wise, William R.....2372 Lafayette Rd. (22) (GP)
Wishard, William N., Jr..1711 N. Capitol Ave. (02) (U)
Woerner, Jean.....3266 N. Meridian St. (08) (PUD)
Woerner, Thomas E.....3266 N. Meridian St. (08) (IM)
Wolf, Harry C.....8545 Northcrest Court (60) (GP)
Wolfram, Don J.....3 Virginia Ave. (04) (ADM)
Wood, Donald E.....6325 Guilford Ave. (20) (IM)
Woodard, Abram S., Jr.....668 E. 38th St. (05) (GP)
Woolling, Kenneth R..230 Hume Mansur Bldg. (04) (IM)
Worley, Joseph P...5839 E. Washington St. (19) (GP)
Wray, James B.....I.U. Medical Center (02) (ORS)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19) (GS)
Wright, J. William, Jr.....5506 E. 16th St. (18) (OTO)
Wunsch, Charles M.....5506 E. 16th St. (18) (CD)
Wyttenbach, John E. (S)....932 Illinois Bldg. (04) (GS)

Y

Yacko, Michael L.....5350 E. 38th St. (18) (ANES)
Yaw, Peter B.....Marion Co. Gen. Hosp. (02) (GS)
Yingling, Robert J.....Community Hospital (19) (R)
Young, Eusebio C.....5506 E. 16th St. (18) (IM)
Young, John E.....4829 E. 38th St. (18) (ORS)
Young, John M.....1456 E. 46th St. (05) (OO)
Young, John T.....3151 N. Illinois St. (08) (PD)

Z

Zell, Evertson H.....812 C. of C. Bldg. (04) (GS)
Zeman, Ruth E.....3266 N. Meridian St. (08) (P)
Zerfas, Phyllis K.....11702 Maze Rd. (59) (OO)
Zimmer, John F.....1221 E. 86th St. (40) (PD)
Zook, Elvin G.....1136 Frederick, S. Dr. (60) (PS)

Out of State

Barrett, Ivan R.....1303 Amethyst St., Redondo Beach, Calif. (90277) (R)
Bolinger, Garry L.....5063-C Broughton Place, Dayton, O. (45431) (PATH)
Brown, Archie E.
St. Petersburg Beach, Fla. (33706) (OO)
Bruetsch, Walter L. (S).....2663 Tallant Rd., Santa Barbara, Calif. (93105) (P)
Cullen, P. Kent, Jr.....Sansum Medical Clinic, 317 W. Pueblo St., Santa Barbara, Calif. (93102) (GS)
Daniel, John C. (S).....531-B Via Estrada, Laguna Hills, Calif. (92653) (OO)
Dettmer, Robert W.....523 Cliff Pl., Homewood, Ala. (35209) (IM)
Dirks, Kenneth R.....Research Div., U.S. Army Med. Res. & Dev. Comm., Washington, D.C. (20314) (PATH)
Gabe, William E. (S).....61 Heather Lane, Orindo, Calif. (94563) (OO)
Genna, Mary M.....11801 W. Indian Trail, Hale's Corners, Wis. (53130) (OO)
Hazelrigg, Donald E.....68 North Baylor Ave. AFB Topeka, Kan. (66620) (IM)
Henderson, Francis G.....Box 259, R. R. #1 Three Rivers, Mich. (49093) (OM)
Three Rivers, Mich. (49093) (IM)
Hilz, James M...3645 Greenbrier, Ann Arbor, Mich. (TS)
Hurt, LaVerne B. (S).....3102 Palm Ave., Delray Beach, Fla. (33444) (OO)
Janicki, Robert S.....Abbott Laboratories, N. Chicago, Ill. (60064) (SR)
Kay, John B.....NAS Med. Dept., Naval Air Station FPO, San Francisco (96617) (Military)
Kim, Young D.
7023 24th St., N.E., Seattle, Wash. (98105) (GP)
Lawler, George F. (S)....133 Edmund Dr., Long Beach, Mississippi (39560) (GP)
Locke, Robert A....Anesthesia Dept., 2nd General Hosp., APO New York (09180) (Military)
Mabel, Thomas A.....Regional Hosp., Shaw AFB, Sumter S. C. (29152) (GP)
Mishkin, Fredericks.....East Rolling Hills, Calif. (90274) (SR)
Montgomery, W. Foster.....N.S. 2906 Dept. of State Washington, D.C. (20521) (Military)
Moser, Rollin H. (S).Land O'Lakes, Wis. (54540) (OO)
Myers, Roy V. (S).....7710 Beta Circle, West Palm Beach, Fla. (33406) (OO)

Pearson, Lyman R. (S).....1881 Ridgeway Dr., Clearwater, Fla. (33515) (OO)
Peck, Franklin B. (S).....5858 W. Lazy S, Tucson, Ariz. (85713) (SR)
Reed, Philip B.....6170 Central Ave., St. Petersburg, Fla. (33707) (P)
Rigg, John F. (S).....131 Gulf Stream Rd. N. Palm Beach, Fla. (33403) (OO)
Riley, Paul D.....6500 Hampton Blvd. Norfolk, Va. (23508) (Military)
Rogers, Thomas P. (S).....6142 La Pintura Dr., La Jolla, Calif. (92037) (OO)
Rowe, Geo. A.....Redstone Arsenal Huntsville, Ala. (35809) (Military)
Rudolph, Stephen J., Jr.....3533 Hawthorne Dr. Dover, Del. (19901) (Military)
Rust, Byron K.....1325 Hidden Harbor Way, Sarasota, Fla. (33581) (OO)
Snider, Byron (S)....R. R. 1, Box 963, Escondido, Calif. (92025) (OO)
Thomas, Michael H.....Base Hospital, Box 275, Chanute AFB, Ill. (61866) (Military)
Thompson, John V.....1530 S. Ocean Blvd., Pompano Beach, Fla. (33062) (TS)
Trusler, Harold M. (S).....3320 Thornton Lane, Holly Oakes, Apt. J-1, Temple, Texas (76501) (PS)
Ziperman, H. Haskell.....HQ Martin Army Hospital, Ft. Benning, Ga. (31905) (Military)

MARSHALL COUNTY

Coursey, James O., Jr.....Argos (46501) (GP)
Hampton, James N.....Argos (46501) (GP)
Swihart, John J.....Argos (46501) (PATH)
Connell, Vactor O.....Bourbon (46504) (GP)
Kemp, W. Alfred.....Bourbon (46504) (GP)

Bremen
(*Zip Code* 46506)

Bowen, Otis R.....304 N. Center St. (GP)
Burket, Cecil R.....424 W. South St. (GP)
Schreiner, John E.....201 E. Plymouth (GP)
Stine, Marshall E.....424 W. South St. (GP)

Culver
(*Zip Code* 46511)

Deery, Michael F.....953 E. Shore Dr. (GP)
Tennant, David.....West Terrace Parkway (GP)

Rosero, M. George.....Kewanna (46939) (GP)

Plymouth
(*Zip Code* 46563)

DeJesus, Jose R., Jr.....120 W. Washington St. (IM)
France, Lloyd C.....1223 N. Center St. (GS)
Guild, John K.....116 E. Washington St. (GP)
Kubley, James D.....304 N. Walnut St. (GP)
Peterson, Ronald L.....116 E. Washington St. (GP)
Rimel, James F.....1223 N. Center St. (GS)
Robertson, James S.....304 N. Walnut St. (GP)

Stoller, H. J.....3123 Mishawaka Ave., South Bend, Ind. (46615) (GP)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Crates, Gordon C.....Denver (46926) (GP)
Sixbey, Maurice D.....Denver (46926) (GP)
Sennett, William K.....Macy (46951) (GP)

Peru
(*Zip Code* 46970)

Baluyut, Amando L.....29 E. Main (U)
Farag, Rafik S.....58 E. 3rd St. (GS)
Ferrara, Donald W.....18 W. Fifth St. (GS)
Ferrara, Samuel J.....18 W. Fifth St. (GS)
Guthrie, James U.....27 W. Sixth St. (GS)
Hill, Lloyd L.....302 N. Duke St. (GP)
Rendel, Harold E.....302 N. Duke St. (GP)
Reyes, Diego C.....15 S. Wabash St. (GP)
Snyder, Parker W.....302 N. Duke St. (GP)

Malouf, Stephen D. (S).....P. O. Box 457, Bloomington, Ill. (61701) (GS)

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville
(*Zip Code* 47933)

Alexander, Stephen J.....408 W. Market St. (OPH)
Bahler, Dean R.....1009 Sloan St. (GP)
Byllesby, Joyce E.....Box 111 (PATH)
Daugherty, Fred N. (S).....120 W. Pike St. (GP)
Dodds, Wemple (S).....Culver Hospital (R)
Eggers, Richard R.....120 W. Pike St. (GP)
Haller, Thomas C.....411 Tinsley Ave. (GS)
Howland, Carl B.....Box 506 - Green Acres (GP)
Humphreys, John W.....312 Jones St. (GP)
Kirtley, James M.....Box 506 - Green Acres (GP)
Ludwig, Paul E.....408 W. Market St. (OPH)
Millis, Samuel C.....Box 506 - Green Acres (GP)
Peacock, Norman F.....219 Ben Hur Bldg. (OTO)
Shannon, Wesley E.....115 Ward St. (GP)
Stephens, James P.....115 Ward St. (GP)
Viray, Victoriano G.....411 Tinsley Ave. (GS)
Warbington, Fred P.....215 Ward Ave., (GP)

Blix, Fred M.....Ladoga (47954) (GP)
Kindell, Hurschell D.....New Richmond (47967) (GP)
Richards, Edgar E.....Russellville (46175) (GP)
Thompson, Claude N.....Waynetown (47990) (GP)
Parker, Carl B.....Wingate (47994) (IM)

MORGAN COUNTY

Martinsville
(*Zip Code* 46151)

Brubeck, Robert E.....Sunnyside Dr. (GP)
Drake, Ellery T.....P. O. Box 110 (GS)
Eisenberg, David A.....Box 310 (GP)
Gray, Leon (S).....171 E. Washington St. (GS)
Jones, William H.....1410 E. Columbus St. (GP)
Miller, Ray D.....546 N. Lincoln St. (GP)
Ostheimer, George.....Sunnyside Dr. (GP)
Pitkin, McKendree C. (S)..440 E. Washington St. (GP)
Tuason, Leo B.....Sunnyside Dr. (ANES)
Turner, Maurice A.....10½ N. Main St. (ANES)
Van Wienen, John.....60 W. Morgan (GP)
Willan, Horace R. (S).....109 S. Jefferson St. (GP)
Winter, William P.....1390 E. Columbus (GP)

Mooresville
(*Zip Code* 46158)

Comer, Kenneth E.....R. R. 2, Box 444 (PR)
Kendrick, William M.....130 Indiana St. (PR)
Kourany, Edgar.....320 N. Indiana St. (GP)
Kourany, Oscar.....320 N. Indiana St. (GP)
Van Bokkelen, Robert W.....Medical Arts Bldg. (GP)

Steele, Lowell R.....4417 Blackstone Court Bloomington (47401) (GS)
Wilson, Oliver R. Box 525, Morgantown (46160) (GP)
Miller, Robert J.....Paragon (46166) (GP)

NEWTON COUNTY

Schoonveld, Arthur.....Brook (47922) (GP)
Parker, John C.....Goodland (47948) (GP)
Imperial, Benjamin E.....Kentland (47951) (GP)
Kresler, Leon E...101 N. 4th St., Kentland (47951) (GP)
Guzman, Marcelino F.....Morocco (47963) (GS)

NOBLE COUNTY

Bowman, Charles N.....Albion (46701) (GP)
Fitzkee, William E.....Albion (46701) (GP)
Greenlee, Joseph A., Jr.....Avilla (46710) (GP)
Sneary, Max E.....Avilla (46710) (GP)

Kendallville
(*Zip Code* 46755)

Bryan, Robert E.....705 N. State St. (GP)

Hepner, Herman.....705 N. State St. (GP)
Messer, Frank W. (S).....115 E. Rush St. (GP)
Stallman, Carl F.....409 E. Wayne St. (GP)

Ligonier
(*Zip Code* 46767)

Hooker, Donald J.....104 S. Main St. (GP)
Stone, Robert C.....405 S. Cavin St. (GP)

Fipp, August L. (S).....Rome City (46784) (GP)
Pulskamp, Bertrand H. (S)..Wolcottville (46795) (GP)

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L.....French Lick (47432) (OO)
Sugarman, Benjamin E.....French Lick (47432) (GP)
Hodgin, Phillip T.....Orleans (47452) (GP)
Schoolfield, William E.....Orleans (47452) (GP)
Clark, Ivan A.....Paoli (47454) (GP)
McCalla, Charles X.....Paoli (47454) (GP)
Spears, John K.....Paoli (47454) (GP)

OWEN-MONROE COUNTY

Bloomington
(*Zip Code* 47401)

Anderson, Wm. R. (S).....421 W. First St. (OBG)
Baxter, Neal E.....306 E. Fifth St. (IM)
Bidney, Evelyn B.....424 S. Jordan Ave. (GP)
Bomba, Brad J.....515 Woodcrest Dr. (GP)
Booze, James H.....711 W. Second (ORS)
Borland, Raymond M. (S).....114 N. Lincoln St. (GP)
Buckingham, Richard E.....344 S. College Ave. (GP)
Campbell, William T.....615 W. First St. (GP)
Cofield, Donald D.....351 S. Lincoln St. (OPH)
Crane, David G.....409 E. 4th St. (P)
Creek, Jean A.....419 W. 1st Street (GP)
Cron, William J.....321 West 2nd St. (D)
Cureton, Edw. E.....619 W. First St. (P)
Dalton, Naomi L.....2307 E. Second St. (ANES)
Ellis, Charles R.....Bloomington Hospital (PATH)
Emery, Charles B., Jr.....711 W. Second (ORS)
Estes, Ambrose C.....400 E. Third St. (GS)
Farr, James C.....405 E. Fourth St. (IM)
Fowler, R. Ross.....104 N. Grant St. (GP)
Fugelso, Erling S.....207 Heritage Rd. (GP)
Ganji, Nasser.....615 West 1st St. (ANES)
Geiger, Dillon D.....115 S. Lincoln St. (OTO)
Greenlee, James R.....4216 Sheffield Dr. (AM)
Habbe, Timothy A.....711 West 2nd St. (U)
Hammer, Jay W.....1323 E. First St. (R)
Hepner, Herman S. (S).....312 N. Walnut St. (OPH)
Hibner, Kermit Q.....117 N. Grant St. (GP)
Holland, Philip T.....1001 S. Jordan (GS)
Holtzman, Paul W.....113 S. Lincoln St. (IM)
Howard, James T.....619 West First St. (OBG)
Howard, William F.....619 W. First St. (OBG)
Hrisomalos, Frank N.....306 E. Kirkwood Ave. (GP)
Johnloz, David K.....419 W. 1st St. (IM)
Karsell, Philip R.....P.O. Box 1149 (R)
LaFollette, James W.....1920 E. Third St. (GP)
Lewis, George N.....619 W. First St. (IM)
Ley, Glen D.....400 E. Third St. (IM)
Link, William C.....314 W. First St. (GP)
Lundblad, Wilfred M.....717 W. First St. (IM)
Lyons, Robert E.....P. O. Box 278 (IM)
McClary, Charles W.....1920 E. Third St. (GP)
McIntire, Clarence R.....Bloomington Hosp (R)
McKeen, Charles L.....619 W. First St. (GS)
Manifold, Harold M.....1920 E. Third St. (GP)
Marchant, Clarence H.....350 S. College Ave. (OTO)
Mather, Glenn B.....Bloomington Hospital (PATH)
Megremis, Theodore L.....Box 1149 (R)
Middleton, Thomas O.....411 W. Howe St. (PD)
Milan, Joseph F.....711 W. Second St. (GS)
Miller, John M.....600 N. Jordan St. (ADM)
Mitchell, James.....615 W. 1st St. (GP)
Morford, Guy.....615 W. First St. (ANES)
Owens, Walter L.....421 W. 1st (OBG)
Pizzo, Anthony.....Bloomington Hospital (PATH)
Poolitsan, George C.....407 N. Walnut St. (GP)
Pugh, William.....115 S. Lincoln (OTO)
Ramsey, Hugh S.....619 E. First St. (GP)
Ratts, Larry D.....1920 E. Third St. (GP)
Ray, James A.....1805 E. 10th St. (GP)
Rezvan, Nader.....615 W. First St. (U)
Rieger, I. Taylor.....711 W. 2nd St. (U)
Robinson, Robert D.....619 W. First St. (IM)
Robison, Roger F.....619 W. First St. (IM)
Rollins, Thomas K.....114 E. Seventh St. (GP)
Ross, Ben R. (S).....314 E. Seventh St. (GP)
Ross, James B.....314 E. Seventh St. (ANES)
Ruff, Jerard G.....1111 N. Walnut St. (PD)
Schaffer, James J.....717 W. First St. (PD)
Schell, H. Richard.....711 W. Second St. (OBG)
Schilling, Richard J.....711 W. Second St. (GS)
Schultheis, Richard L.....4533 Broadway (GP)
Seagle, William C.....111 E. Ninth St. (ORS)
Shahbahrami, Farrokh.....619 W. First St. (GS)
Sibbitt, Joseph W.....115 S. Lincoln St. (OTO)
Smith, Herschel S.....P. O. Box 667 (OPH)
Spencer, Beaufort A.....110 E. 10th St. (A)
Stangle, William J.....640 S. Rogers (R)
Stoner, Harold E.....409 E. Fourth St. (P)
Surian, Michael A.....711 W. Second St. (U)
Taraba, Ralph W.....211 E. Martha St. (IM)
Thurston, Floyd E.....600 N. Jordan St. (GP)
Topolgus, James N.....403 N. Walnut St. (GP)
Turner, James W.....711 W. 2nd St. (ORS)
Walker, Robert M.....P.O. Box 1149 (GP)
Wass, Robert W.....321 W. 2nd St. (D)
Way, James A.....2315 E. Third St. (OPH)
Wenzler, Paul J.....3901 E. Third St. (GP)
White, John P., Jr.....115 S. Lincoln St. (OTO)

Macatangay, Edelino L...Ellettsville, Ind. (47429) (IM)
Schiefer, Hildegard.....R. R. 3, Box 417, Martinsville (46151) (GP)

Spencer
(*Zip Code* 47460)

Kay, Oran E. (S).....Main & Morgan Sts. (GP)
Rose, Robert E.....P.O. Box 721, Spencer Medical Clinic (GP)

Brown, Marcel S.....San Air #31, R. R. #1, Haines City, Fla. 33044 (GP)

PARKE-VERMILLION COUNTIES

Goodrum, William R.....R .R. # Kingman (47952) (GP)

Clinton
(*Zip Code* 47842)

Evans, Frederick J.....242 S. Third St. (GP)
Herzberg, Milton.....222 Elm St. (GP)
Montecillo, Antolin M.....257 Walnut St. (GP)
Somerville, John W.....225 Elm St. (OM)

Webb, Lawrence C.....Dana (47847) (GP)
Britton, Welbon D.....Montezuma (47862) (GP)

Rockville
(*Zip Code* 47872)

Bloomer, Richard S.....115 N. Market St. (GP)
Dowell, Emil H. (S).....705 W. Ohio St. (GP)
Harstad, Casper (S).....216 W. High St. (GP)
Noblitt, James S. (S).....Rockville (OO)
Swaim, J. Franklin.....111 N. Market St. (GP)

Fell, Robert M.....Rosedale (47874) (GP)
Kempf, Gerald F. (S).....3512 Glaser Rd. Kettring, Ohio (45429) (IM)
Pace, Jerome V. (S).....5791 Estero Blvd., Fort Myers Beach, Fla. (33931) (PUD)

PERRY COUNTY

Bush, Hargis R. (S).....Cannelton (47520) (GP)
Gilbert, Robt. G.....Cannelton (R)

Tell City
(*Zip Code* 47586)

Lohoff, Lewis C.....507 Main St. (GP)
Neifert, Noel L.....507 Main St. (GP)
Ress, Gene E.....507 Main St. (GP)
Smith, Fred, Jr.....507 Main St. (GP)
Ward, Robert A.....507 Main St. (GP)

PIKE COUNTY

Petersburg
(*Zip Code* 47567)

Hall, Donald L.....7th & Poplar Sts. (GP)
Omstead, Milton.....110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. Box 434, Beverly Shores (46301) (ANES)

Chesterton
(*Zip Code* 46304)

Forchetti, John A.....700 S. Calumet (GP)
Griffin, Joseph P.....419 S. Jackson Blvd. (D)
Hall, Thomas C.....621 Broadway (GP)
Harless, Clarence M. (S).....123 W. Indiana (GP)
Hull, Joel I.....616 Chestnut Blvd. (GP)
Read, John E.....700 S. Calumet (GP)
Robertson, William C.....5 Oak Drive (ANES)
Shields, Duncan M.....R. R. #3, Box 248 (OM)
Woodward, William M.....20 Crest Dr. (IM)

Holwerda, Harry L.....DeMotte (46310) (GP)
Kingma, Roy E.....DeMotte (46310) (GP)

Gary

Blando, Uldarico B.....6101 Birch Ave. (46403) (R)
Cohen, Hyman L.....1600 W. 6th Ave., (46402) (N)

Sun, Chen T.....Hebron (46341) (GP)
Barros, Paul R.....Hobart (46342) (OPH)

Portage
(*Zip Code* 46368)

Carlson, Milton R.....14000 Central (GP)
Crise, John R.....14000 Central (GP)
Dy, James T.....2693 Hickory St. (GP)
Farahmand, Firouz.....2674 Portage Mall (PD)
Hoham, Frederick D.....14000 Central (GP)
Kilmer, Warren L.....2674 Portage Mall (GS)
Lands, Robert M.....14000 Central (GP)
Sturdevant, Frank M.....14000 Central (OBG)
Tetrick, Lain.....National Steel Corporation (OM)

Valparaiso
(*Zip Code* 46383)

Armalavage, Leon J.....802 LaPorte Ave. (ORS)
Azar, George A.....814 LaPorte Ave. (PATH)
Behrend, Frank.....1101 Glendale Blvd. (OBG)
Brown, James R.....1005 Campbell St. (U)
Covey, Thomas J.....R. R. #11, Box 444B (PD)
Davis, Carl M. (S).....202 Indiana Ave. (GP)
DeGrazia, Eugene J.....810 LaPorte Ave. (GS)
Dittmer, Thomas L.....60 Jefferson St. (GP)
Dy, Juley T.....Porter Mem. Hosp. (GP)
Evans, Daniel R.....1101 E. Glendale Rd. (OPH)
Frank, John R. (S).....23 Lincolnway (OTO)
Gold, Marvin E.....1005 Campbell St. (IM)
Green, Leonard J.....1005 Campbell St. (GP)
Griffin, Charles G.....1101 E. Glendale Rd. (GS)
Hansen, Nikolas F.....1101 E. Glendale (GP)
Kimmel, Louis E.....R. R. 4, Box 190D (GS)
Kobak, Alfred J., Jr.....1101 E. Glendale Rd. (OBG)
Koenig, Robert L.....1101 E. Glendale Rd. (GP)
Konicke, Thomas P.....Porter Mem. Hosp. (OO)
Ku, Marshall.....802 LaPorte (PD)
Lee, Robert Y.....808 Lincolnway (GP)
McBride, William.....Porter Memorial Hosp. (PATH)
McClure, Clark T.....Porter Memorial Hosp. (GP)
Makovsky, Theodore.....1005 Campbell St. (GP)
Moayad, Cyrus.....1105 E. Glendale Rd. (OTO)
O'Neill, Martin Jr.....1101 E. Glendale Rd. (Military)
O'Neill, Martin J.....1101 E. Glendale Rd. (GP)
Ong, Tiong G.....1005 N. Campbell St. (GP)
Pangan, Zanita S.....802 LaPorte Ave. (OBG)
Patheja, Surjit S.....814 LaPorte Ave. (R)
Poncher, John R.....1101 E. Glendale Rd. (PD)
Poracky, Bernard F.....Porter Mem. Hosp. (R)
Ramirez, Raquel A.....Porter Mem. Hosp. (ANES)
Riordan, John F.....Porter Memorial Hosp. (ANES)
Scheimann, Lois.....702 Lincolnway (D)
Stoltz, Robert M.....810 LaPorte Ave. (GP)
Tufekcioglu, Erdogan.....802 LaPorte Ave. (R)
Vietzke, Paul C. F. (S).....1005 Campbell St. (GS)
Wu, Stewart.....802 LaPorte Ave. (GS)

Gordon, Joseph L. (S).....Wheeler (46393) (GP)

POSEY COUNTY

Ropp, Harold E.....New Harmony (47631) (GP)
Woods, Arba L. (S).....Box 11, Elberfeld (GP)
Boren, Paul R.....Poseyville (47633) (GP)

Mount Vernon
(*Zip Code* 47620)

Crist, John R.....105 E. Sixth St. (GP)
Hirsch, Herman L.....126 W. Fifth St. (GP)
Vogel, L. John.....722 Main St. (GP)

PULASKI COUNTY

Winamac
(*Zip Code* 46996)

Halleck, Harold J.....119 W. Main St. (GP)
Heinsen, Charles E.....613 Tippecanoe Dr. (GP)
Hollenberg, Edward L.....613 Tippecanoe Dr. (GP)
Thompson, William R.....111 N. Monticello (GP)

Furr, Jack D.....Monterey, (46960) (GP)

PUTNAM COUNTY

Veach, Lester W. (S).....Bainbridge (46105) (GP)
Veach, Richard L.....Bainbridge (46105) (GP)
Ellett, John, Jr.....Coatesville (46121) (GP)
Vieira, Thomas J.....Coatesville (46121) (GP)
Smith, A. Wilson.....1901 Taylor Road
Columbus (47201) (ADM)

Greencastle
(*Zip Code* 46135)

Dettloff, Frederick R.....407 Melrose Ave. (GP)
Fuson, Wenfred J. (S).....314 Redbud Lane (GP)
Glock, Hugh E.....239 Hillsdale Ave. (GS)
Haggerty, Fred E.....600 N. Arlington (GP)
Hannon, Edward J.....407 Melrose Ave. (GP)
Jacobs, Rene M.....109 S. Vine St. (GP)
Johnson, James B.....600 N. Arlington (GP)
Lett, James C.....239 Hillsdale (GS)
Marvel, Robert J.....600 N. Arlington (IM)
Nichols, Anne Sackett.....600 N. Arlington (GP)
Roof, Roger S.....DePauw Health Service (GP)
Schauwecker, Cleon M.....239 Hillsdale Ave. (GS)
Steele, Dick J.....Alamo Bldg. (GP)
Tipton, William R.....110 S. Vine St. (GP)
Wiseman, V. Earle (S).....239 Hillsdale Ave. (GS)

RANDOLPH COUNTY

Nixon, Byron (S).....Farmland (47340) (GP)
White, Harvey E.....Farmland (47340) (GP)
Jordan, Leo E.....Lynn (47355) (GP)
Shallenberger, Henry R.....Modoc (47358) (GP)
Quiambao, Hector S.....Ridgeville (47380) (OBG)

Union City
(*Zip Code* 47390)

Chambers, Carol R.....Chambers Medical Clinic (GP)
Chambers, Leroy B.....Chambers Medical Clinic (GP)
Landon, David J.....R. R. 2 (GP)
Phipps, Leland K. (S).....R. R. 1, Box 63A (GP)
Pyle, Susan K.....1150 N. Columbia (GP)
Reid, Robert W. (S).....726 W. Division St. (R)
Wagoner, B. D.....Corner Columbia and Lenox (GP)

Winchester
(*Zip Code* 47394)

Dininger, William S. (S).....303 S. Main St. (GP)

Koch, Howard W.....208 E. Washington St. (GP)
Painter, Lowell W.....124 E. Franklin St. (GP)
Slick, Crystal R.....512 S. Oak St. (GP)
Sparks, Paul W.....212 S. Main St. (GS)

RIPLEY COUNTY

Garcia, Manuel G.....Batesville (47003) (GS)
(47003) (GS)
North Jr., E. H.....Box 42, Batesville (OM)
Paras, Jose L.....Batesville (47006) (GP)
Warn, William J.....Milan (47031) (GP)
Gaton, Jordi.....Milan (47031) (U)
Jaojoco, Armand E.....Batesville (47003) (GS)
Row, George S.....Osgood (47037) (GP)
McConnell, William C.....Sunman (47041) (GP)
(33950) (OO)
Libunao, Artemio S.....Versailles (47042) (GP)
Hopkins, L. H. (S).....Versailles (47042) (GP)

RUSH COUNTY

Sheets, Charles E.....Manilla (46150) (GP)
Worth, C. Willard.....Milroy (46156) (GP)

Rushville

(*Zip Code* 46173)

Atkins, Clarence C. (S).....225 N. Morgan St. (OTO)
Corpe, Kenneth F.....R. R. #4 (GS)
Dean, Donald I.....Fourth & Main (OPH)
Ellis, Davis W., Jr.....E. 11th St. (GP)
Green, Frank H., Jr.....134 E. Second St. (GP)
Lee, John M. (S).....914 N. Morgan St. (OO)
McKee, Harry G.....208 W. First St. (GP)
McNabb, Richard C.....1315 W. 10th St. (CHP)
Norris, Marvin G.....134 E. Second St. (GP)
Nutter, Wyndham H.....1003 N. Morgan (GP)

ST. JOSEPH COUNTY

Hartsough, Ralph I.....Lakeville (46536) (GP)
How, Louis E. (S).....Lakeview (46536) (GP)
Frith, L. G. (S).....51757 N. Hickory Rd.
Granger, Ind. (46530) (GP)

Mishawaka

(*Zip Code* 46544)

Barone, Carmelo V.....307 W. Fourth St. (GP)
Christophel, Verna A.....109 W. Third St. (OBG)
Gabriel, Magdi.....303 S. Main St. (ORS)
Ganser, Richard A.....111 S. Race St. (GP)
Gerig, Eldon L.....303 S. Main St. (GS)
Lester, Vern L.....303 S. Main St. (R)
Macri, Paul A.....427 Lincoln Way E. (GP)
Mahank, Camiel C.....303 S. Main St. (OBG)
Orr, W. Robert.....12388 E. Jefferson Rd. (ORS)
Paik, Bo Wook.....303 S. Main St. (IM)
Rabasa, Rafael.....303 S. Main St. (GP)
Reed, Robert F.....1316 Lincoln Way E. (GP)
Rosenwasser, Jacob.....225 Lincoln Way E. (IM)
Schaphorst, Richard A.....612 N. Main St. (GP)
Schlossberg, Victor E., Jr.....301 W. Fourth St. (IM)
Spalding, David L.....427 Lincoln Way E. (GP)
Spalding, Wendell L.....427 Lincoln Way E. (GP)
Stringer, Drennon D.....303 S. Main St. (IM)
Templeton, Ames R.....516 Clay St. (ANES)
Tirman, Wallace S.....15640 Winding Brook Dr. (R)
Walters, Charles E.....319 S. Spring St. (GS)
Whitlock, Merle E. (S).....303 S. Main St. (GS)
Wilson, Douglas J.....303 S. Main St. (OBG)

Charles, Sara C.....Univ. of Notre Dame,
Notre Dame (46556) (P)

South Bend

(*Zip Code* 466 *plus zone number*).

B

Backs, Alton J.....1831 N. Kessler Blvd. (16) (R)
Baran, Charles.....212 Sherland Bldg. (01) (NS)
Bartsch, Harvey L.
919 E. Jefferson Blvd., #102 (22) (U)
Beach, Norman F.....919 E. Jefferson Blvd.,
#302 (17) (OBG)
Bechtold, S. E....919 E. Jefferson Blvd., #107 (22) (R)
Bell, Horace D.....420 N. Hill St. (17) (GP)
Bennett, Jene R.....531 N. Main St. (01) (PATH)
Berke, Robert D.....1118 Lincoln Way E. (18) (A)
Bickel, David A. (S)....1335 E. Wayne St. (15) (OBG)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14) (GS)
Bixler, Louis C.
919 E. Jefferson Blvd., #207 (22) (R)
Bodnar, Leslie M.....328 N. Michigan (1) (ORS)
Bogan, William C.....3209 Mishawaka Ave. (15) (GP)
Booth, Franklin M..1909 Am. Nat. Bank Bldg. (01) (PS)
Brechtl, Harvey J.....119 S. Eddy St. (17) (GP)
Buchanan, Wallace D.
919 E. Jefferson Blvd., #107 (22) (R)
Buck, Richard C.....51916 U. S. 31 N. (37) (GP)
Buechner, Frederick W. (S)
116 N. Main St., #261 (01) (GP)
Buslee, Roger M.....531 N. Main St. (1) (PATH)
Butts, Milton A.....118 N. Walnut St. (28) (GP)
Byler, John J.....2730 Lincoln Way West (28) (GP)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17) (GP)
Cassady, James V. (S)...815 Sherland Bldg. (1) (OPH)
Cassady, John R.....815 Sherland Bldg. (1) (OPH)
Chamberlain, Donald S.....919 E. Jefferson Blvd.,
#207 (22) (R)
Chamblee, Roland W.....336 N. Notre Dame (17) (GP)
Clark, William H.....520 Sherland Bldg. (1) (OTO)
Cook, Gordon C.....719 N. Main St. (01) (OBG)
Cox, Alfred C.....51916 U. S. 31 N. (37) (GP)

D

Davis, Edward A.....3014 Ardmore Trail (28) (GP)
Denham, Robert H.....919 E. Jefferson Blvd.,
#204 (22) (ORS)
Devetski, Robert L.....Am. Nat. Bank Bldg. (01) (IM)
DeVoe, Kenneth Roy..604 N. Michigan St. (1) (ANES)
Dietl, Ernest L.....820 Sherland Bldg. (1) (OTO)
Dingley, Albert F.
919 E. Jefferson Blvd., #204 (22) (ORS)
Dodd, Robert D.....2311 N. Miami St. (14) (GP)
Dolezal, Bernard J.....115 S. Eddy St. (17) (GP)
Donnelly, Everett F...622 N. Michigan St. (1) (ANES)
Dunlap, D. Logan.....523 J.M.S. Bldg. (1) (IM)

E

Eades, R. Charles.....914 E. Jefferson Blvd. (17) (P)
Edwards, Bernard E.....1134 Ridgedale Rd. (14) (GP)
Egan, Sherman L.....523 J.M.S. Bldg. (1) (IM)
Engel, Howard R.
919 E. Jefferson Blvd., #403 (22) (IM)
English, John Paul.....211 N. Eddy (17) (IM)
Erickson, Gustaf W.....211 N. Eddy (17) (PD)

F

Fawcett, Kenneth J.....531 N. Main St. (1) (PATH)
Feferman, Martin E.
919 E. Jefferson Blvd., #407 (22) (NS)
Feldman, Max.....1921 Miami St. (13) (GP)
Filipek, Walter J.....311 Odd Fellows Bldg. (1) (GP)
Fink, James H.....211 N. Eddy St. (17) (IM)
Firestein, Ben Z..919 E. Jefferson Blvd., #307 (22) (D)
Firestein, Ray.....502 N. Ironwood Dr. (01) (IM)
Fish, Edson C.....414 Sherland Bldg. (01) (ANES)
Foley, Hansel O.....704 N. Main St. (1) (GP)
Forrest, O. Norman, Jr...912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert.919 E. Jefferson Blvd., #202 (22) (IM)
Frank, Lyall L., Jr.....224 W. Navarre St. (1) (GP)
Frank, Lyall L. (S).....224 W. Navarre St. (1) (GP)

Frash, DeVon W., Jr.....1910 Miami St. (13) (GP)
Friedman, Morris S.
919 E. Jefferson Blvd., #402 (22) (ORS)

G

Gaffney, Raymond.....535 W. Colfax Ave. (1) (ORS)
Galup, Luis N.....531 N. Main St. (01) (PATH)
Ganser, Ralph V.....810 E. Colfax (1) (OTO)
Gates, George E.....211 N. Eddy (17) (IM)
Gilman, Marcus M. (S).401 Odd Fellows Bldg. (1) (GP)
Godersky, George E.....912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G.....912 E. LaSalle Ave. (17) (PATH)
Graf, John P.....414 Sherland Bldg (01) (ANES)
Green, G. Richard.....601 J.M.S. Bldg. (1) (GS)
Green, George F. (S).....822 Sherland Bldg. (1) (GS)
Green, Norval E.....704 N. Main St. (1) (U)
Grillo, Donald.....226 Sherland Bldg. (1) (PR)
Grorud, Alton C..919 E. Jefferson Blvd., #401 (17) (IM)

H

Haley, George M.....220 Sherland Bldg. (1) (U)
Haley, Paul E. (S).....301 Le Blvd.,
De La Pair #2901 (15) (GS)
Hall, James M.....914 E. Jefferson Blvd. (17) (OPH)
Hamilton, Charles O...622 N. Michigan St. (1) (ANES)
Harding, John.....919 E. Jefferson Blvd. (R)
Harris, C. Glenn.....527 W. Colfax Ave. (1) (P)
Haugseth, Ellsworth K..820 N. Ironwood Dr. (17) (ORS)
Hawkins, Glen E.....622 N. Michigan St. (1) (ANES)
Helmer, John F.....2116 Amer. Nat'l. Bk. (1) (GS)
Heyde, Edward L.....110 W. Bartlett (01) (OPH)
Hilbert, John W. (S)
61600 Brightwood Lane (14) (OO)
Hildebrand, John O., Jr..1307 E. Ewing Ave. (13) (GP)
Hill, Wallace C.
919 E. Jefferson Blvd., #306 (22) (GS)
Holdeman, Lillian S.....635 S. Main St. (23) (PH)
Holdeman, Richard W..404 N. Lafayette Blvd. (1) (IM)
Holloway, Richard J.....211 N. Eddy (17) (U)
Holtzman, Norman N.....1621 Hoover Ave. (15) (IM)
Horvath, George A.....211 N. Eddy (17) (PD)
Houser, D. Stanley.....719 N. Main St. (1) (OBG)
Hyde, Carroll C. (S).....211 N. Eddy (17) (U)

J-K

Jankowski, Ernest B...411 S. Sheridan Ave. (19) (GP)
Johns, Nicholas C.....818 Sherland Bldg. (1) (GP)
Karn, John W.....414 Sherland Bldg. (1) (ANES)
Keenan, Patrick J.....211 N. Eddy (17) (N)
Kieffer, William J.....919 E. Jefferson Blvd. (22) (R)
Knode, Kenneth T. (S)....729 Sherland Bldg. (1) (PD)
Krizman, David J.....1226 Portage Ave. (16) (ORS)
Krueger, John E.....414 Sherland Bldg (1) (ANES)
Kuhn, Frederick L.....1215 S. Michigan St. (18) (GP)

L

Lamb, J. Leonard..2212 Am. Nat. Bank Bldg. (1) (OBG)
Lane, William H.....604 N. Michigan St. (1) (ANES)
Leipold, Jon David.....600 LaSalle West Bldg.,
120 W. La Salle St. (1) (P)
Levatin, Bernard I.
919 E. Jefferson Blvd., #303 (22) (U)
Lionberger, John R.
919 E. Jefferson Blvd., #207 (22) (R)
Liss, Emanuel C.....119 S. Eddy St. (17) (D)
Lockhart, Philip B.
919 E. Jefferson Blvd., #107 (22) (R)

M

MacDonell, Eldred H.....211 N. Eddy (17) (IM)
MacLeod, John K.....425 N. St. Louis Blvd. (17) (OBG)
McCraley, William J.....218 S. Francis (37) (GP)
McFarland, Corley B.....211 N. Eddy (17) (OPH)
McMeel, James.....2604 S. Twyckenham Dr. (GP)
McQuade, John A.....1522 Portage Ave. (16) (GP)
Macias, Rafael....#2208 Am. Nat. Bank Bldg (1) (TS)
Magnuson, Charles W.....211 N. Eddy (17) (GE)
Marquis, Gordon.....211 N. Eddy (17) (OTO)
Martin, Charles F.....1438 Ridgedale Rd. (14) (IM)
Martinov, Wm. Edward. 919 E. Jefferson (GS)
Mason, Bernard A.....211 N. Eddy (17) (IM)
Mauzy, Merritt C.....216 Sherland Bldg. (1) (PS)
Metcalfe, Grant E.
919 E. Jefferson Blvd., #308 (22) (P)
Mueller, Hilbert M.....211 N. Eddy (17) (D)
Murphy, Josephine F.....111 W. Bartlett St. (1) (GP)
Myers, Philip R.....1002 Lincoln Way W. (16) (GP)

N-O

Napper, Karl F.....622 N. Michigan St. (1) (ANES)
Neher, John L.....17615 State Rd. #23 (35) (GP)
Nelson, F. Dale.....704 N. Main St. (1) (GP)
Nelson, Raymond E.....206 E. Bartlett St. (1) (GP)
Nelson, Robert.....206 E. Bartlett St. (1) (GP)
Nichols, Harold G.....711 E. Colfax Ave. (17) (P)
Odrcic, Kazimir.....211 N. Eddy (17) (OPH)
Olson, Donald T..919 E. Jefferson Blvd., #309 (22) (IM)
Olson, Kenneth L...919 E. Jefferson Blvd., #207 (22) (R)
O'Malley, Patrick F.....525 Sherland Bldg. (1) (OPH)
Oren, William F.....1149 Belmont Ave. (15) (GS)

P

Parsons, Robert.....919 E. Jefferson Blvd. (22) (ORS)
Pascuzzi, Chris A.....531 N. Main St. (1) (PATH)
Pauszek, Thomas B. (S)
704 W. Washington St. (1) (OBG)
Petrass, Andrew (S).....516 Sherland Bldg. (1) (GP)
Phelps, Stephen R.....808 Sherland Bldg. (1) (D)
Plain, George B.....211 N. Eddy (17) (GS)
Plain, George Leroy.....211 N. Eddy (17) (IM)
Proudfit, Charles H.
919 E. Jefferson Blvd., #304 (22) (OBG)
Pyle, Harold D. (S).....119 S. Eddy St. (17) (PD)

R

Rasmussen, Ruth F.....211 N. Eddy (17) (PATH)
Rice, Katherine K.....919 E. Jefferson Blvd.,
#206 (22) (P)
Richards, Dean.....3123 S. Michigan St. (14) (GP)
Rigaux, Armand J.....150 W. Angela (17) (GP)
Roberts, Billy J.....3123 Mishawaka Ave. (15) (GP)
Rodin, H. H.....422 Sherland Bldg. (01) (D)
Rosenheimer, George M. (S)
604 N. Michigan St. (1) (ANES)
Rubens, Eli.....2314 Miami (14) (PD)

S

Salazar, Luis.....St. Joseph's Hosp. (15) (GS)
Sanderson, Robt. B. (S)..730 Sherland Bldg. (01) (CD)
Sandock, Louis F.....503 Sherland Bldg. (1) (IM)
Sandoz, Harry H. (S)..612 Odd Fellows Bldg. (1) (GP)
Saucelo, Bart M.....1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A.
919 E. Jefferson Blvd., #205 (22) (OBG)
Scott, Frank M.....211 N. Eddy (17) (GS)
Sharp, Merle C.....912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S.....207 S. Taylor St. (25) (GP)
Shriber, William H.....211 N. Eddy (17) (OBG)
Shriner, Richard Lee
919 E. Jefferson Blvd., #308 (22) (P)
Sisson, Norvel D.....531 N. Main St. (1) (PATH)
Skillern, Scott D.....422 Sherland Bldg. (1) (D)
Slominski, Harry H. (S)
708 Odd Fellows Bldg. (1) (GP)
Smith, Lee.....1925 E. Jefferson Blvd. (17) (GP)
Sobol, Z. W.....328 N. Michigan (1) (ORS)
Speybroeck, Robert C.....1314 Kessler Pl. (16) (PD)
Staunton, Henry A.....3016 Mishawaka Ave. (15) (GP)
Stimson, Harry.....17649 Darden Rd. (35) (GP)
Stiver, Daniel D.....822 Sherland Bldg. (1) (GS)
Stratigos, Joseph S....527 N. Lafayette Blvd. (1) (GP)
Sweeney, Robert M...115 N. Sunnyside Ave. (17) (PD)
Sylbert, Philip.....546 N. Coquillard Dr. (17) (IM)

T

Tapley, Dwight L.....60649 U.S. 31 South (GP)
Thompson, John M.....209 Sherland Bldg. (1) (OPH)
Thompson, Robert A.
913 S. Twyckenham Dr. (15) (GP)

Thornton, Maurice J. (S)....125 W. Marion St. (1) (R)
Troeger, Thomas A.....211 N. Eddy (17) (IM)
Troyer, Marlin L.....328 N. Michigan St. (1) (ORS)
Tutunji, Nermin D...919 E. Jefferson Blvd. (22) (TS)

U-V-W-X-Y-Z

Urruti, Arnoldo H.....420 J.M.S. Building (1) (P)
Vagner, S. Bernard....2201 Lincoln Way W. (28) (GP)
VanFleit, William E.
919 E. Jefferson Blvd., #407 (22) (TS)
Wack, James E.....530 W. Indiana Ave. (13) (GP)
Walker, Edwin M., Jr. 501 N. Ironwood Dr. (15) (ANES)
Ward, James W.....325 Wakewa (17) (ANES)
Weiss, Eugene.....919 E. Jefferson Blvd. (22) (IM)
White, Donald G.....1815 Ireland Rd. (14) (GP)
Wilhelm, Agatha M..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M.....919 E. Jefferson Blvd. (22) (GS)
Wind, Joseph L.....919 E. Jefferson Blvd. (22) (R)
Wixted, John F. (S)
919 E. Jefferson Blvd., #1 (22) (OPH)
Wixted, Julia L...919 E. Jefferson Blvd., #1 (22) (OPH)
Zeiger, Irvin L.....3123 Mishawaka Ave. (15) (GP)

Stogdill, Wm. J.....Box P. Univ. of Notre Dame (46556) (GP)
Sellers, Francis M.....Box P Univ. of Notre Dame (46556) (GP)
Fenstermacher, Robert E.....506 Michigan St., Walkerton (46574) (GP)
Rohrer, Byrce B.....506 Michigan St., Walkerton (46574) (GP)
Naval, Joventino.....408 N. Main St., North Liberty (46554) (GP)
Cline, Kenneth L.....Box 57, Wyatt (46595) (GP)
Hillman, Marion W.....1728 Little Point Circle, Sarasota, Fla. (33581) (GP)

Bassler, Carl R. (S).....R. R. #4, Niles, Mich. (49120) (OO)
Farner, James E.....Cleveland Clinic, Cleveland, Ohio (44106) (GP)
Fish, Clyde M. (S)
R. R. #2, Edwardsburg, Mich. (49112) (OO)
Frey, Wm. Burton.....703 22nd Ave., Monroe, Wisc. (53566) (P)
Luzadder, John E. Jr.....2113 Lake Shore Dr., Michigan City (46360) (GP)
Rea, Thomas J.....Edwardsburg, Mich. (49112) (GP)
Warrick, Homer L. (S).....Edwardsburg, Mich. (49112) (OO)
Spenner, Raymond W. (S).....Rt. 3, Diamond Lake, Cassopolis, Mich. (49031) (IM)

SCOTT COUNTY

Bogardus, Carl R.....61 Main St., Austin (47102) (GP)
Roberto, Benjamin V.
378 W. Main St., Austin (47102) (GP)

Scottsburg
(*Zip Code* 47170)

Alvarado, Virginia C.....P.O. Box 229 (GP)
Bacala, Jesus.....69 Wardell St. (GP)
Castro, Ignacio B., Jr.....685 Wanda St. (GS)
Dancel, Manuel T.....675 N. Gardner (GP)
McClain, Marvin L.....935 First St. (GP)

SHELBY COUNTY

Davis, John A.....Flat Rock (47234) (GP)
Jean, Thomas A.....Morristown (46161) (GP)

Shelbyville
(*Zip Code* 46176)

Arata, Lucian A.....428 W. Hendricks St. (GP)
Dalton, Wilson L.
Ten Northridge Park, P.O. Box 70 (GP)
Deupree, William D.....23 W. Hendricks St. (PD)
Gehres, Robert W. (S).....15 S. Tompkins (GP)
Gordon, Harry Wm.
Ten Northridge Park, P.O. Box 70 (GP)
Green, William L.....408 Methodist Bldg. (GS)
Inlow, Paul M.....103 W. Washington St. (R)
Inlow, Robert P.....103 W. Washington St. (GS)
Inlow, William D. (S).....110 Spring Hill Rd. (GS)
Lorber, James M.....1220 W. Jackson, #4 (GS)
Miller, Richard C.....17 W. Mechanic St. (GP)
Moheban, Joseph.....120 W. Jackson St. (GP)
Scott, V. Brown.....103 W. Washington St. (IM)
Silbert, David B.....17 S. Tompkins (GP)
Spindler, Robert D.....165 W. Mechanic St. (OTO)
Tate, Thomas B.....Ten Northridge Park, P.O. 70 (GP)
Tindall, William R.....505 S. Harrison St. (GP)
Tower, James H., Jr.
Ten Northridge Park, P.O. 70 (GP)
Whitcomb, Roger F.....120 W. Jackson St. (GP)

SPENCER COUNTY

Barrow, John H.....Dale, Ind. (47523) (GP)
Jolly, Wesley P. (S).....Richland (47634) (GP)
Gailey, Ivan L.....Hatfield, Ind. (GP)
Glackman, John C., Jr.....Rockport (47635) (GP)
Monar, Michael.....6th and Main Sts., Rockport (47635) (GP)

STARKE COUNTY

Leinbach, Earl R.....Hamlet (46532) (GP)
Ufkes, C. Herbert, (D.O.)
North Judson, Ind. (46366) (GP)

Knox
(*Zip Code* 46534)

DeNaut, James F.....4 N. Heaton St. (GP)
Goode, Robt.....201 S. Heaton St. (GS)
Henry, Howard J.....107 S. Main St. (GP)
Ingwell, Guy B.....201 S. Heaton St. (GP)
Matthew, John R.....317 Carlson Dr. (P)
Palmer, W. Allen.....107 S. Main St. (GP)

STEUBEN COUNTY

Angola
(*Zip Code* 46703)

Barton, Robert.....416 E. Maumee (GP)
Cameron, Don F. (S).....416 E. Maumee (GS)
Davis, Claude E.....1109 W. Maumee (GS)
Hartman, John J.....909 W. Maumee (GS)
Jackson, Dean B.....Cameron Mem. Hosp. (GP)
Kissinger, Knight L.....411 E. Gilmore (GP)
Mason, Donald G.....112 S. Wayne St. (GP)
Rausch, Norman W.....416 E. Maumee (GP)
Richard, Norman F.....416 E. Maumee (GS)

Schrepferman, Wayne.....Hamilton (46742) (GP)

Yocum, Paul S., Sr.....4826 Alhambra Circle, Coral Gables, Fla. (33146) (OO)

SULLIVAN COUNTY

Brown, John S. (S).....Carlisle (47838) (GP)
Dukes, Betty.....Dugger (47848) (GP)
Dukes, Joe.....Dugger (47848) (GP)
Bethea, Robert O.....Farmersburg (47850) (GP)
Hernandez, Antonio.....Washington (47501) (OBG)

Sullivan
(*Zip Code* 47882)

Bedwell, Marion H. (S).....16 N. Court St. (GP)
Crowder, James H.....112 N. Section St. (GS)
Dunn, Latimer E.....R. R. 2 (PATH)
Eskew, Kenneth W.....117 W. Washington St. (GP)
McClure, Glen.....777 N. Wolfenberger (GS)
Scott, Irvin H.....117 W. Washington St. (GS)

Taylor, John R.....105 N. Main, Palestine, Ill. (62451) (GP)

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Russell, Henry T.
R. R. #1, Battleground (47920) (PATH)
Derhammer, George L.....Brookston (47923) (GP)
Gish, Howard M.....Brookston (47923) (GP)
Dublin, Madeline P.....Francesville (47946) (GP)
Ault, Carl H...3015 Dellwood Dr., Kokomo (46901) (GP)
Knote, John A.....520 Medical Center Bldg. Ft. Wayne (46802) (R)

Lafayette

(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H.....2211 South St. (OTO)
Ade, Mary Keller.....2211 South St. (OBG)
Alexander, Alan A.....2600 Greenbush St. (PD)
Alstott, David.....2400 S. St. (PATH)
Arvin, Delano Z.....2600 Greenbush St. (R)
Auckley, James L.....2600 Greenbush St. (IM)
Balkema, Catherine M.....3 N. 18th St. (GP)
Bayley, William E. (S)
303 S. Ninth St. (47901) (PATH)
Beuerman, V. A.....2600 Greenbush St. (OPH)
Bolin, Robert C.....2600 Greenbush St. (IM)
Bond, L. G.....2600 Greenbush (OO)
Bridge, Barton C.....Jefferson Square (47905) (GP)
Bullard, Harlan R.....2600 Greenbush (OPH)
Burns, John T.....5 N. 25th St. (PD)
Bush, Jack A.....405 Life Bldg. (47901) (ANES)
Calvert, Raymond R. (S).....314 N. Sixth St. (47901) (OTO)
Carpenter, James B.....49 N. 26th St. (GP)
Cartwright, Glen W.....2600 Greenbush St. (PD)
Cole, Ira (S).....2315 South St. (OBG)
Coyner, Alfred B. (S)....509 Life Bldg. (47901) (GP)
Davis, Grayson B.....2500 Ferry St. (GP)
Davis, Howard B.....2600 Greenbush St. (U)
Deur, Julius J.....1011 Columbia (IM)
Donahue, George R. (S).....300 Main St. (47901) (GS)
DuBois, Ramon B.....324 N. 25th St. (GP)
Eaton, Marion J. (S).....214 Life Bldg. (47901) (U)
Elliott, Paul W.....St. Elizabeth Hosp. (PATH)
Engeler, James E.....2600 Greenbush St. (D)
Evans, David L.....2424 Ferry St. (P)
Ferguson, William B.....2525 South St. (ORS)
Fields, Don C.....2600 Greenbush St. (GS)
Foster, John A.....St. Elizabeth Hospital (PATH)
Frasch, Mahlon G. (S)....300 Life Bldg. (47901) (GP)
Frey, Harley H., Jr.....405 Life Bldg. (47901) (ANES)
Fritch, John M.....710 S. 21st St. (47905) (OPH)
Gery, Richard E.....2600 Greenbush St. (GS)
Greider, Lester S.....2400 South St. (47901)
Gripe, Richard P.....2600 Greenbush St. (IM)
Gutwein, Gilbert.....2525 South St. (ORS)
Haas, Charles F.....2211 South St. (D)
Hannemann, Robert E.....2600 Greenbush St. (PD)
Harter, Eli B.....2600 Greenbush St. (R)
Harvey, Bennett B.....2500 Ferry St. (PATH)
Hebard, Harold G. Jr.....2424 Ferry St. (GP)
Heid, George J., Jr.....2500 Ferry St. (PATH)
Horswell, Richard R.....2600 Greenbush St. (IM)
Hughes, Anson F.....2400 Ferry St. (OBG)
Hughes, Richard R.....1000 N. 14th St. (GS)
Hull, James E.....St. Elizabeth Hosp. (GS)
Hunsberger, Walter G.....2600 Greenbush St. (R)
Johnson, Herbert S.....2600 Greenbush St. (GS)
Karberg, Richard J.....2400 Ferry St. (OBG)
Kelley, Jack L.....2600 Greenbush St. (GS)
Keplinger, James E.....1501 Hartford St. (NS)
Klatch, Ben Z.....1501 Hartford St. (IM)
Klepinger, Harry E. (S)....725 Life Bldg. (47901) (GP)
Kohne, Robert W.....3010 Underwood (GP)
Kuipers, Fred M.....2600 Greenbush St. (IM)
Landis, Chas. B.....505 - 7th St. (OPH)
Lind, Jaap J.....2600 Greenbush St. (ORS)
Loop, Frederick A.....2315 South St. (GS)
McAdams, Robert.....2011 Kossuth St. (47905) (GP)
McFadden, James M.....2500 Ferry St. (PATH)
McKinley, Joseph.....2600 Greenbush St. (U)
McPherson, Richard C.....2600 Greenbush St. (GS)
Marsh, George W.....1216 Howell (GP)
Marvel, Howard R.....2600 Greenbush St. (IM)
Mather, Charles R.....2600 Greenbush St. (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (47901) (OPH)
Mathews, Frank.....1501 Hartford St. (N)
Mentzer, William G.....2400 Ferry St. (OBG)
Miller, Albert J.....2500 Ferry St. (PATH)
Miller, Roland E.....2200 Scott St. (PD)
Miller, William J.....2600 Greenbush St. (R)
Mohrs, Paul E.....405 Life Bldg. (ANES)
Mount, William M.....20 N. 24th St. (IM)
Neumann, Kenneth O.....300 Main St., Room 618-20 (47901) (GP)
Onorato, Joseph J.....2433 S. Ninth St. (47905) (IM)
Peyton, Frank W.....2400 Ferry St. (OBG)
Pickerill, James M.....301 Life Bldg. (47901) (GP)
Poulosk, James T.....2600 Greenbush St. (IM)
Rahdert, Richard.....2600 Greenbush St. (CHP)
Ralston, Marc A.....2600 Greenbush St. (OPH)
Ramsey, George F.....2600 Greenbush St. (IM)
Randall, Thomas A.....2400 South St. (PATH)
Ratcliff, Frank W.....405 Life Bldg. (47901) (ANES)
Remo, John W.....2600 Greenbush (R)
Riggs, Wendell A.....2600 Greenbush St. (PD)
Rothrock, Philip W.....2200 Scott St. (IM)
Ruschli, Edward B. (S)....510 Life Bldg. (47901) (GS)
Rutherford, Charles E.....2315 South St. (GS)
Scanlon, John C.....2600 Greenbush St. (IM)
Scheeres, Jacob W.....2315 South St. (47905) (GS)
Sherman, David E.....2400 Ferry St. (OBG)
Shively, John L.....2525 South St. (ORS)
Sholty, William M.....R. D. 8, Box 89 (47905) (ANES)
Smith, Lowell C.....637 Ferry St. (47901) (GP)
Stahl, Edward T.....2600 Greenbush St. (ORS)
Steele, Hugh H.....2600 Greenbush St. (GE)
Strayer, Joseph W. (S).....R. R. 6 (47905) (PUD)
Stuntz, Edgar C.....Wabash Valley Hospital (P)
Trout, Carl J.....314 N. Sixth St. (47901) (OTO)
Trout, David J.....314 N. Sixth St. (47901) (OTO)
Tubbs, George R. (S)
2502 Iroquois Trail (47901) (OTO)
Underwood, George M...Jefferson Square (46905) (GP)
Van Buskirk, Edmund L.....2600 Greenbush St. (OTO)
Van Den Bosch, Wallace R.....33 N. 22nd St. (P)
Vermilya, Robert W...579 S. 675 East (47901) (ANES)
Wagner, Anabel.....405 Life Bldg. (47901) (ANES)
Wagner, Lindley.....2424 Ferry St. (IM)
Wagoner, J. E.....2525 South St. (ORS)
Waits, Chester L.....49 N. 26th St. (GP)
Webster, Paul L.....2600 Greenbush St. (R)
Weida, Jerry M.....301-5 Life Bldg. (46901) (GP)
Weller, Wendell A.....2600 Greenbush St. (OTO)
Wilms, John H.....P. U. Student Hosp. (P)
Wong, Norman F.....2500 Ferry St. (GP)

Peterson, Joel A. (S).R. R. 5, Monticello (47960) (OTO)
Crouse, Ben E.....Mulberry (46058) (GP)
Babb, Forrest J.....Stockwell (47983) (GP)

Flack, Russell A.....20924 Ave., San Luis, Woodland Hills, Calif. (91364) (IM)
McKinney, Daniel H. (S).....801 S. 52nd St., Omaha, Neb. (68106) (OO)

West Lafayette

(*Zip Code* 47906)

Baker, John R.....2321 Carmel Dr. (ANES)
Brady, Kingdon.....612 Terry Lane (PATH)
Carpenter, Robert S.....492 Littleton (GP)
Carroll, Bertha Rose (S).....1125 Glenway (OO)
Fitzgerald, Brice E.....Purdue Health Center (OTO)
Hass, Caroline E.....316 N. Salisbury St. (GP)
Hass, Thomas W.....316 N. Salisbury St. (OBG)
Heasty, Alfred R.....Purdue Stud. Health Center (P)
Hunter, Dean M.....316 N. Salisbury St. (OBG)
Jones, David M.....Purdue Health Center (PD)
Lempke, Lloyd W.....2496 Sycamore Lane (ORS)
McAdams, Hugh B.....Purdue Health Center (GP)
Roggenkamp, Milton W.....144 Arrowhead Dr. (PATH)

Rommel, Clarence H. (S).....456 Northwestern (GS)
Schmiedicke, Paul H. (S) Purdue Univ. (IM)
Spurlock, Fae H.....Purdue Health Center (P)
Van Kirk, John R.....2496 Sycamore Lane (GP)
Yegerlehner, Roscoe S.....118 Juniper Ct. (GP)

TIPTON COUNTY

Haller, Robert L.....Kempton (46049) (GP)
Stouder, Albert E.....Kempton (46049) (GP)

Tipton
(*Zip Code* 46072)

Burkhardt, Boyd A.....202 S. West St. (GS)
Carter, Jean V. (S).....130 N. Main St. (GP)
Compton, George L.....219 N. Independence (GP)
Gossard, Meredith B.....308 N. Independence (GP)
Kincaid, Raymond K.....202 S. West St. (GP)
Kurtz, William A.....202 S. West St. (GP)

Ericson, Harold L.....Windfall (46076) (GP)
Moser, Elmer B. (S).....Windfall (46076) (GP)
Tranter, William F.....2337 Flora Ave., Ft. Myers, Fla. (33901) (GP)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

Evansville
(*Zip Code* 477 *plus zone number.*)

Acre, Robert R. (S).....3700 Bellemeade Ave. (15) (U)
Adye, Wallace M., Jr..1307 N. Stringtown Rd. (11) (GP)
Akin, Ali N.....400 Tyler (15) (IM)
Alexander, John E...2895 Washington Ave. (14) (OPH)
Allen, William H.....611 Harriet St. #301 (10) (NS)
Anderson, Milton H.....800 Plaza Dr. (15) (P)
Antes, Earl H.....420 Cherry St. (13) (IM)
Arendell, Robert E.....6702 Darmstadt Rd. (10) (GP)
Arroyo, Sylvia.....St. Mary's Hosp. (15) (OO)
Austin, Eugene W.....3700 Bellemeade (15) (PD)

B

Baird, Glenn D.....600 Mary St. (10)
Baisas, Wilfrido C.....5100 Lincoln Ave. (GP)
Baker, Herman M. (S).....715 First Ave. (10) (IM)
Baker, Mason R.....1008 S. Evans Ave. (13) (GP)
Baker, Sam B.....600 Mary St. (10) (R)
Barnhart, Willard T.....504 Doctors Plaza (10) (U)
Beck, Robert E.....611 Harriet St. (10) (R)
Becker, Jerry D.....715 First Ave. (10) (IM)
Begley, Joseph W., Jr. 314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H.....420 Cherry St. (13) (PD)
Bender, Martin J.....3700 Bellemeade (15) (U)
Bendush, Cecil L.
Meade Johnson Research Center (21) (SR)
Bennett, Abner P...Welborn Baptist Hosp (13) (PATH)
Berker, Beddi S.....412 S.E. Fourth St. (13)
Bissonnette, Roger P.....420 Cherry St. (13) (IM)
Bizal, John A.....R. R. 7, Box 77 (10) (OTO)
Bloss, Bryant A.....715 1st Ave. (10) (ORS)
Boone, Robert D.....420 Cherry St. (13) (GS)
Boswell, Robert W. C.....2351 Division St. (14) (GP)
Boyle, Carroll L.....715 First Ave. (10) (GP)
Brakel, Frank J., Jr.....420 Cherry St. (13) (IM)
Britt, Robert L.....420 Cherry St. (13) (PD)
Brockmole, Arnold W...127 Civic Center Bldg. (08) (PH)
Brown, Raymond Lee, Jr...420 Cherry St. (13) (ANES)
Brown, Robert L.....419 Edgar St. (10) (A)
Brundick, Edward L.....420 Cherry St. (13) (ORS)
Bryan, Stanton L.....607 Hulman Bldg. (08) (IM)
Buehner, Donald C.....3700 Bellemeade Ave. (15) (GP)
Buehner, Donald F.....3700 Bellemeade (15) (GP)
Burger, Thomas C.....3700 Bellemeade (15) (GS)
Burnikel, Ray H.....2709 Washington Ave. (14) (PR)

C

Carlson, Ralph F.....527 Sycamore St. (08) (TS)
Cato, Allen.....Fischer Rd. (11) (OO)
Challman, William B.....715 First Ave. (10) (GP)
Clark, Thomas W.....420 Cherry St. (13) (IM)
Clouse, Paul A.....613 S. Weinbach Ave. (14) (IM)
Coleman, Joseph E.....3700 Bellemeade (15) (PD)
Combs, Herman T.....807 W. Indiana (10) (GP)
Combs, John H. (S)..412 S. E. Fourth St. (13) (ANES)
Cook, Thomas.....P.O. Box 5366 (15) (R)
Cooper, Waller W.....Box 887 (01) (ANES)
Corcoran, Patrick J. V.....3700 Bellemeade (15) (IM)
Cox, J. Bruce.....420 Cherry St. (13) (OBG)
Cox, Larry.....3700 Bellemeade Ave. (15) (GP)
Crawford, James H.....611 Harriet (10) (GP)
Crudden, Charles H.....Clearview Sanitarium (10) (P)
Cullnane, Chris W.....2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H.....420 Cherry St. (13) (OBG)
Davis, Kenneth D.....420 Cherry St. (13) (ORS)
Denzer, Edward K.....108 S. E. Third St. (08) (GS)
Denzer, William O.....2329 Chandler Ave. (16) (GP)
Diamond, Jack L.....4505 Bellemeade Ave. (15) (ADM)
Dieckman, Herbert S.....3700 Bellemeade (15) (A)
Dodd, Roberts K.....2042 Lincoln Ave. (14) (GS)
Downer, Luther H.....615 Oak Street (13) (GP)
Drake, Dale W.....St. Mary's Hospital (10) (ANES)
Durkee, Melvin S.....3700 Bellemeade (15) (GS)
Dycus, Walter A.....319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K.....3700 Bellemeade (15) (OTO)

E

Elshoff, Donald V.....3700 Bellemeade (15) (IM)
Engel, Edgar L.....326 S. E. Seventh St. (13) (OBG)
Ewer, Robert W.....7226 E. Blackford Ave. (15) (IM)

F

Faul, Henry J.....815 Hulman Bldg. (08) (GP)
Faw, Melvin L.....420 Cherry St. (13) (IM)
Fenneman, Robert J...402 S. E. Seventh St. (13) (OPH)
Ferguson, Stephen C.....314 Riverside Dr. (13) (OTO)
Fitzsimmons, S. L.....St. Mary's Hosp. (15) (GP)
Follis, C. Gene.....701 S. St. James Blvd. (14) (TR)
Franco, James M.....611 Harriet St. (10) (NS)

G

Garland, Edgar A.....606 S. Weinbach (14) (GS)
Gaul, L. Edward.....509 Hulman Bldg. (08) (D)
Geller, Samuel.....R. R. 8, Box 143A (11) (GP)
Getty, William H.....420 Cherry St. (13) (IM)
Giorgio, Douglas J...916 S. Burkhardt Rd. (15) (ANES)
Godwin, Donald W.....3700 Bellemeade Ave. (PATH)
Gourieux, E. De Verre....106 Med. Arts Bldg. (15) (GP)
Griep, Arthur H.....5414 Madison Ave. (15) (IM)
Grimm, William C. H., Jr.....420 Cherry St. (13) (IM)
Guckien, Joseph L.....715 First Ave. (10) (OTO)

H

Hachmeister, Charles W.....611 Harriet St. (10) (GP)
Hammond, R. Case.....611 Harriet St. (10) (U)
Hare, Daniel M.....611 Harriet St. (10) (U)
Hargett, Isaac R.....420 Cherry St. (13) (PD)
Harned, Ben K., Jr.....420 Cherry St. (13) (GS)
Harris, Robert L.....2014 E. Morgan (11) (GP)
Hartley, Clarence A., Jr.....221 Chestnut St. (13) (GP)
Hartz, F. Minton.....7321 Taylor (08) (OM)
Hassel, Walter B.....3712 Herndon Dr. (11) (OBG)
Healy, Cornelius E.....420 Cherry St. (13) (PD)
Heimburger, Irvin L.....527 Sycamore St. (08) (GS)
Heinrich, Weston A...314 S. E. Riverside Dr. (13) (GS)
Hendershot, Eugene L....412 S. E. Fourth St. (13) (R)
Hermayer, Stephen...220 S. E. Seventh St. (13) (OPH)
Hermann, Harold W.....Mead Johnson & Co., 2404 Pennsylvania Ave. (21) (SR)
Herrmann, Gordon T.....3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S).....322 N. Fulton (10) (GP)
Heumann, John E.....611 Harriet St., #401 (10) (ORS)
Higgins, James L.....1800 Lincoln Ave. (14) (GP)
Himebaugh, Gilbert J.....115 N. Weinbach (11) (GS)
Hitchcock, Philip D.....900 Royal Ave. (15) (GP)
Hobbs, Arthur A. (S)..715 First Ave., Suite 28 (10) (R)
Hobgood, James L., Jr..7527 Taylor Circle (15) (ANES)
Hoopes, Jane M.....R. R. 8, Box 95 (11) (PD)
Hoover, J. Guy.....527 Sycamore St. (08) (GS)

Hovda, Richard B.....P.O. Box 5366 (15) (R)
Huggins, Victor S.....611 Harriet St. (10) (OBG)

J

Johnson, Victor.....2301 W. Michigan St. (12) (GP)
Johnson, Stephen L.....611 Harriet St., #202 (10) (IM)

K

Kauffman, Harley M. (S).....219 Walnut St. (08) (P)
Kelly, John B.....420 Cherry St. (13) (U)
Kessler, Robert B.....611 Harriet St., #305 (10) (GP)
Kiechle, Frederick L.....1018 Parrett St. (13) (PATH)
Kincaid, Robert S.....7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S)..3214 E. Chandler (15) (GS)
Krueger, Thomas P.....611 Harriet St., #301 (10) (NS)

L

Langsam, Charles L.....Evansville State Hosp (15) (P)
Laubscher, Clarence.....1201 Laubscher Rd. (10) (GP)
Lawler, John F.....420 Cherry St. (13) (GS)
Lawrence, Joseph C.....715 First Ave. (10) (ORS)
Lehmann, Dale E. Jr.....112 Camden Ct. (15) (IM)
Leibundguth, Henry.....P. O. Box 5166 (15) (ORS)
Leich, Charles F.....124 S. E. First St. (08) (OTO)
Lessure, Alfred P.....420 Cherry St. (13) (R)
Longstaff, John P.....415 Mulberry (13) (P)
Lynch, Harold D. (S).....Woodmere Lane (11) (GP)

M

MacKenzie, Pierce (S).....2300 E. Gum St. (OBG)
McCool, Joseph H.....1 Woodmere Lane (11) (P)
McCoy, Melvin H.....2 Woodmere Lane (11) (GP)
McDonald, Joseph D.....517 Sycamore St. (08) (GS)
Marvel, James A.....420 Cherry St. (13) (IM)
Mason, Everett E.....3700 Bellemeade (15) (GP)
Mathews, James R.....901 S. Meadow Rd. (15) (R)
Mendez, Carlos (S)....Evansville State Hosp. (15) (GP)
Miller, LaVerne B.....1421 N. Main St. (11) (GS)
Miller, Marshall S.....420 Cherry St. (13) (IM)
Miller, Milton J.....15 W. Franklin St. (10) (GP)
Mills, Fred E.....Deaconess Hospital (10) (PATH)
Mino, Robert A.....715 W. Franklin St. (10) (GS)
Moulton, Lillian G. (S).....1 N. Barker (12) (CHP)
Muelchi, Adeline F. (S).....2205 Bellemeade (14) (GP)
Mullican, William S., Jr.....715 First Ave. (10) (IM)
Murphy, Edward U.....901 Hulman Bldg. (08) (OPH)

N

Newman, Kerry J.....420 Cherry St. (IM)
Newnum, Raymond L.....3700 Bellemeade (15) (IM)
Newsome, Cola K.....415 E. Mulberry (13) (GP)
Newton, Roger E.
Mead Johnson Research Center (21) (SR)
Nicholson, Raymond W.....3700 Bellemeade (15) (GP)
Niedermayer, Alfred J..960 Washington Ave. (13) (GP)
Nonte, Leo R.....715 First Ave. (10) (GS)

O

Oswald, Robert H.....326 S.E. Seventh St. (13) (OBG)
Ozsezen, Bulent A.....441 Tyler St. (15) (ANES)

P

Palen, James E....1401 S. Green River Road (15) (GP)
Pastor, Julius W...3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J.....1001 Walnut St. (13) (OPH)
Pemberton, Jack J.....611 Harriet (10) (GP)
Porro, Francis W. (S)
3700 Washington Ave. (15) (PATH)
Present, Julian D.....3700 Bellemeade (15) (GP)
Price, Shirley G.....420 Cherry St. (13) (GS)
Pugh, Willis L.....715 First Ave. (10) (ORS)

R

Radcliff, Forrest F.....P.O. Box 5166 (15) (ORS)
Ratcliffe, Albert W.....P.O. Box 138 (01) (PATH)
Reich, Clarence E.....1209 N. Fulton (10) (GP)
Rietman, H. Jerome
19 Chandler, off Riverside (13) (P)
Ritchie, William D.....555 Herndon Dr. (11) (GP)
Ritz, Albert S.....3700 Bellemeade (15) (GS)
Robertson, James A...7209 E. Walnut St. (15) (PATH)
Rosenblatt, Bernard B.....502 Hulman Bldg. (08) (GP)
Royster, George M. (S)....19 N.W. 4th St. (08) (OTO)
Royster, Robert A.....3700 Bellemeade (15) (GS)
Rudolph, Kenneth J.....3700 Bellemeade (15) (OPH)
Rule, Ned P.....611 Harriett St. #504 (10) (U)
Rusche, Herman F.
3700 Bellemeade Ave., #106 (15) (IM)
Rusche, Henry J.....313 W. Iowa (10) (GP)
Rusche, Thomas J.....1421 N. Main St. (11) (N)

S

Salama, Fawzy.....420 Cherry St. (13) (U)
Sarkar, Anil K.....600 Mary St. (10) (PATH)
Schimmelpfennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H.....1118 W. Franklin St. (10) (GP)
Schneider, Charles P..2912 West Maryland St. (12) (GP)
Schriefer, Victor V.....1120 N. Main St. (11) (GP)
Schroeder, Henry R.....326 S.E. 7th St. (13) (OBG)
Sheehan, E. Gregg.....420 Cherry St. (13) (OBG)
Shively, Wyant J.....St. Mary's Hosp. (15) (PATH)
Sims, L. W.....St. Mary's Hospital (15) (GP)
Sinn, Charles M.....715 First Ave. (10) (IM)
Slaughter, Howard C.....1001 Walnut St. (13) (OPH)
Slaughter, John C., Jr.....3700 Bellemeade (15) (D)
Slaughter, Owen L.....3700 Bellemeade (15) (IM)
Smith, Gordon L.....19 Chandler Ave. (13) (P)
Smith, Roy M., Jr.....1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr.....R. R. 1, Box 277 (12) (OM)
Sowa, Elizabeth.....1015 Hulman (08) (OPH)
Sowa, Ronald W.....715 First Ave., #44 (ORS)
Spain, W. Thomas..3700 Washington Hosp. (13) (OBG)
Sprecher, Herman C.....5040 Bellemeade (15) (PR)
Springstun, Walter R.....854 Lodge Ave. (PD)
Steele, Paul W.....1218B Lincoln Ave. (14) (GP)
Sterne, John H.....P.O. Box 5166 (15) (ORS)
Stewart, L. Ray.....611 Harriett (14) (R)
Stoller, Leon J.....420 Cherry St. (13) (IM)
Strueh, Paul E.....220 S. E. Seventh St. (13) (OTO)
Swan, Robert E.....420 Cherry St. (13) (D)

T

Talley, Terry W.....611 Harriet, Suite 403 (10) (OPH)
Tilden, Margaret H.....P.O. Box 3205 (01) (ANES)
Tisserand, John B., Jr.. 3700 Bellemeade (15) (D)
Tuholski, James M.....Mead Johnson & Co.,
2404 Pennsylvania St. (21) (SR)
Tweedall, Daniel C.....715 First Ave. (10) (D)

U-V

Ulrey, Robert P.....130 E. Mill Rd. (11) (GP)
Underhill, Gary E.....420 Cherry St. (13) (PD)
Valle, Santiago.....417 N. Weinbach Ave. (11) (GS)
Vancil, Martin E.
Mead Johnson Research Center (21) (SR)
Venables, Albert J.....611 Harriet #102 (10) (PATH)
Vincent, William A.....420 Cherry St. (13) (IM)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11) (GP)
VonderHaar, Thomas E.....715 First Ave. (10) (IM)

W

Waddell, J. Ronald.....527 Sycamore St. (08) (GS)
Wait, Raymond B.
Mead Johnson Research Center (21) (OBG)
Walter, Paul A. F. III
Mead Johnson 2404 Penna. (21) (ADM)
Walter, Robert F.....1514 S. Kentucky Ave. (14) (GP)
Weber, Edgar H. (S)....123 S. E. Second St. (08) (OM)
Welborn, Mell B.....420 Cherry St. (13) (GS)
Welborn, Mell B., Jr.....420 Cherry St. (13) (GS)
Wilhelmus, Gilbert M...1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth.....1100 Lincoln Ave. (14) (GP)
Williams, Jack O.....420 Cherry St. (13) (IM)
Willis, Charles F.....1100 S. Bedford Ave. (13) (GP)
Willison, George W.....3700 Bellemeade (15) (IM)
Wilson, David.....615 S. Willow Rd. (14) (ANES)
Wilson, John D.....3700 Bellemeade (15) (GP)
Wilson, Ralph.....517 Mary St. (10) (GS)

Winebrenner, John D.....935 Bond St. (07) (ADM)
Woodward, Ben E.....420 Cherry St. (13) (ORS)

X-Y-Z

Young, C. Curtis, Jr...326 S.E. Seventh St. (13) (OBG)
Zeier, Francis G.....420 Cherry St. (13) (ORS)
Ziss, Robert C.....216 S. E. Riverside (13) (IM)
Zunker, Heinz O. H...1801 Mt. Auburn Rd. (12) (PATH)
Zwickel, Ralph E.....611 Harriett St. (10) (IM)

Radcliffe, Lee E.
% Robert Radcliffe, Wolcott (47995) (P)

Woodall, Robert L.....1409 North St., Washington (47501) (PS)

Garst, Garland R.....1612 Clearview Dr. Louisville, Ky. (40222) (Resident)
McCarthy, Jos. C.....R. R. 2, Box 708 Newburgh (47630) (OO)
Newman, Alvin E. (S)
2937 Coral Shores Dr., Ft. Lauderdale, Fla. (33306) (OO)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen (47863) (GP)
McIntosh, Wilbert.....Riley (47871) (GP)
Jett, Clyde W.....Seelyville (47878) (IM)

Terre Haute

(*Zip Code* 478 *plus zone number*).

A

Anderson, Walter C. (S)..2235 Wabash Ave. (07) (GS)
Ault, Roy J.....3050 Poplar St. (03) (OBG)

B

Bannon, William G.....400 Eighth Ave. (04) (IM)
Bloxdorf, John W.....P. O. Box 1468 (08) (PATH)
Blum, Leon L.....P.O. Box 1468 (08) (PATH)
Boen, Bradley N.....620 8th St. (04) (P)
Bopp, Henry W., Jr.....221 S. Sixth St. (01) (GS)
Bopp, James.....Union Hospital (08) (ANES)
Boyd, H. Clark.....221 S. Sixth St. (01) (OBG)
Bristol, Henry M. S.....1024 S. Sixth St. (07) (GP)
Brown, Robert R.....221 S. Sixth St. (01) (U)
Burkle, Robert J.....3050 Poplar St. (03) (ORS)

C

CaJacob, Melville E.....1000 S. Sixth St. (07) (GP)
Caldwell, Milton V.....416 Tribune Bldg. (01) (R)
Carpenter, Donald J....600 Sycamore Bldg. (07) (OPH)
Cavins, Alexander W. (S)...221 S. 6th St. (01) (OBG)
Chau, Andrew Y. S.....1645 N. 7th St. (04) (GS)
Combs, Stuart R.....3050 Poplar St. (03) (IM)
Conklin, James O.....721 Wabash Ave. (07) (GS)
Connerley, Marion L.....107 S. Seventh St. (01) (CD)
Conway, Thomas J.....221 S. Sixth St. (01) (PD)
Cristee, James W.....400 - 8th Ave. (04) (IM)
Crockett, Wayne A.....1024 S. Sixth St. (07) (IM)

D

Davis, Paul E.....1655 N. 7th St. (04) (GP)
Dierdorf, Fred W.....103 S. 23rd St. (03) (ANES)
Drummy, William W.....2649 Oak St. (03) (IM)
Dyer, George W.....2235 Wabash Ave (07) (GP)

E-F

Edwards, Henry G...6 Rose Dispensary Bldg. (01) (U)
El Issa, Sa'D.....221 S. 6th St. (01) (GS)
Ensey, Philip L.....Indiana State University (09) (GP)
Freed, John E.....1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A.....5206 Clinton Road (05) (GP)
Goodman, Hubert T. (S)..220 Gardendale Rd. (03) (GP)
Gossom, Donn R.....825 N. Third St. (07) (GS)

H

Harkness, Robert G. (S)
301 Rose Dispensary Bldg. (01) (GP)
Haslem, John R.....221 S. Sixth St. (01) (GS)
Hetherington, John A.
414 Merchants Bank Bldg. (01) (NS)
Hogan, Thomas W.....627 Cherry St. (01) (R)
Hoover, Dewey A.....1220 Wabash Ave. (01) (GP)
Humphrey, Paul E.....1235 Ohio Blvd. (07) (U)
Hunt, Edgar J. (S).....R. R. 1 (02) (GP)

J

Johnson, Edward M.....1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr.....822 N. 15th St. (07) (GS)
Justin, Renate G.....1024 S. Sixth St. (07) (GP)

K

Kabel, Robert N.....3050 Popular St. (03) (ORS)
Keffer, Harry L.....Union Hospital (08) (ANES)
Krieble, William W.....221 S. Sixth St. (01) (IM)
Kunkler, Arnold W.....1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S)
212 Merchants Nat'l. Bank Bldg. (01) (GS)

L

Lancet, Robert O.....221 S. Sixth St. (01) (GP)
Lee, James.....465 S. 25th St. (03) (PATH)
Lenyo, Ludimere.....221 S. Sixth St. (01) (IM)
Lo, Loretta S. Y.....1645 North 7th St. (04) (ANES)
Loewenstein, Werner L.....300 College (02) (GP)

M

McAleese, George B.....1024 S. Sixth St. (07) (GS)
McBride, Noel S.
407 Merchants Nat'l. Bank Bldg. (01) (OPH)
McCrea, Fred R.....221 S. Sixth St. (01) (R)
McEwen, James W.....1024 S. Sixth St. (07) (OPH)
McLaughlin, Gordon C.....1644 S. 25th St. (03) (PD)
Malone, Leander A.....416 Tribune Bldg. (01) (R)
Mankin, William J..... 1655 N. Seventh St. (07) (OTO)
Manzanares, Austacio F.
452 South 20th St. (03) (ANES)
Mason, Lester M.
314 Merchants Nat'l. Bank Bldg. (01) (D)
Matter, Milton, Jr...Indiana State University (09) (GP)
Mattox, Don M.....1700 N. Seventh St. (04) (GS)
Meissel, Robert L.....1655 North 7th St. (04) (GP)
Memke, W. J.....3050 Popular St. (01) (GP)
Miklozek, John E.....660 Idaho (02) (GP)
Mitchell, John R.....221 S. Sixth St. (01) (R)
Mitre, Isaac N.....1630 Poplar St. (07) (OBG)
Musselman, Glen G.....1021 S. Sixth St. (07) (ANES)

N-O

Neudorff, Louis G.....221 S. Sixth St. (01) (IM)
Nuval, Augusto J.....65 Heritage Dr. (03) (ANES)

P

Pangan, Jesus F.....221 6th St. (01) (IM)
Patel, Pulkit J.....1235 Ohio St. (07) (U)
Pearce, Roy V.....1440 S. 25th St. (03) (PD)
Peterson, Deward D.....221 S. Sixth St. (01) (R)

R

Reed, Robert C.....Union Hospital (08) (ANES)
Reynolds, Richard J.....650 Idaho (02) (IM)
Richart, James V. (S)...336 Hamilton Drive (03) (GP)
Riggs, Floyd C. (S).....137 S. 24th St. (03) (GP)
Rogers, R. Shirrell.....1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr.....221 S. Sixth St. (01) (ORS)
Rourke, Robert F.....631 S. 25th St. (02) (OBG)

S

Safavan, Efandiar.....221 S. 6th St. (01) (OTO)
Sayers, Frank E. (S).....436 Bluebird Dr. (03) (OO)
Scherb, Burton E.....1024 South 6th St. (OTO)
Schumaker, Robert A.....3050 Poplar St. (03) (GP)
Scully, William E.....221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S)..672½ Wabash Ave. (03) (GP)

Showalter, John R.....1223 Maple Ave. (04) (GP)
Shriner, William C.....620 Eighth Ave. (04) (P)
Siebenmorgen, Paul.....1024 S. Sixth St. (07) (GP)
Silverman, Norman M.....1142 S. Center St. (02) (GP)
Sison, Rose D.....1024 S. Sixth St. (07) (PD)
Sison, Vicente G.....3050 Poplar St. (03) (ORS)
Speas, Robert C.....402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis.....1724 N. Seventh St. (04) (OBG)
Strecker, William L.....1024 S. Sixth St. (07) (ANES)
Sullivan, John M.....1712 Franklin St. (02) (GP)

T-U-V

Topping, Malachi C.....3050 Poplar St. (03) (ORS)
Vance, William C.
Indiana State University (09) (CHP)
Veach, William L.....1235 Ohio St. (07) (U)
Voges, Edward C.....702 College Ave. (02) (GP)

W

Weber, Joseph G. S.....723 Wabash Ave. (01) (R)
Weinbaum, Jack G.....1505 N. Seventh St. (07) (PATH)
West, Roger F.....221 S. Sixth St. (01) (PD)
Wheeler, Byron C.....400 Eighth Ave. (04) (IM)
Wilson, Fred L.....1501 S. Third St. (02) (IM)
Win, Tun.....St. Anthony Hospital (08) (PATH)

X-Y-Z

Zimmer, Henry J.....3055 Poplar St. (03) (OM)

Sabley, Nonito M.
P.O. Box 1378, Fond Du Lac, Wis. (54935) (ANES)

WABASH COUNTY

Poehler, Fred C.....La Fontaine (46940) (GP)

North Manchester
(Zip Code 46962)

Balsbaugh, George K.....107 W. Seventh St. (GP)
Bunker, Ladoska Z.....201 N. Mill St. (GP)
Dziabis, Marvin D.....Oak Park (PATH)
Eiler, Paul A.....1104 N. Wayne St. (GP)
Kidd, James G. (S).....Timbercrest (GP)
McFadden, Wilbur D.....1104 N. Wayne St. (GP)
Seward, George W.....111 E. Main St. (OTO)
Silvers, Michael.....1104 N. Wayne St. (GP)
Smith, Lloyd H.....1104 N. Wayne St. (GP)

Mills, John F.....R. R. 1, Roann (46974) (OTO)

Wabash
(Zip Code 46992)

Boaz, William D.....645 N. Spring St. (GP)
Dannacher, William D.....400 Ash St. (GS)
Dragoo, John R.....Wabash Clinic (GP)
Dunham, Henry H.....1025 Manchester (R)
Ellis, David L.....400 Ash St. (ANES)
Elward, Carl J.....550 Hamlin St. (R)
Gatzimos, Christos D...Wabash County Hospital (PATH)
Gifford, J. Dean.....Wabash County Hospital (PATH)
Hanneken, Vincent J.....119 Highland Dr. (GP)
LaSalle, Richard M.....645 N. Spring St. (GP)
LaSalle, Robert M., Jr.....645 N. Spring St. (GS)
LaSalle, Robert M., Sr. (S).....R. R. #4 (GP)
Mernitz, Roland B., Jr.....400 Ash St. (GS)
Pearson, William E.....290 N. Wabash (GP)
Rauh, Robert A.....400 Ash St. (IM)
Smyrniotis, Frank.....645 N. Spring St. (IM)
Steffen, Julius T. (S).....443 N. Wabash (GP)
Stoops, Jean T.....400 Ash St. (GP)
Zydlo, Stanley M.....P.O. Box 625 (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville
(Zip Code 47601)

Hoover, Peter B.....223 W. Locust St. (GP)
Martin, Noel J.....214 S. Second St. (GP)
Ruiz, Carlos M.....123 S. Second St. (GP)
Terry, Robert H.....316 S. Third St. (GP)

Camacho, Ernesto M.....Chandler (47610) (GP)
Colvin, Robert C.....Newburgh (47630) (GP)

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg (47108) (GP)
Manship, C. Stanley.....Hardinsburg (47125) (GP)
Carty, Charles B.....Pekin (47165) (GP)

Salem
(Zip Code 47167)

Apple, Eddie R.....P.O. Box 391 (GP)
Castueras, Flor T.....906 W. Mulberry (GS)
Coleman, Henry G.....Mitchell Bldg. (GP)
Huckleberry, Irvin E. (S).....502 W. Mulberry (GP)

WAYNE-UNION COUNTIES

Hill, Paul G.....Cambridge City (47327) (GP)
Kenyon, C. Emil (S).....Cambridge City (47327) (GP)
Barton, Willoughby M.....Centerville (47330) (GP)
Butler, Richard.....Brownsburg (46112) (GP)
Hollenberg, Alfred E.....Hagerstown (47346) (GP)
Leonard, Dale F.....Hagerstown (47346) (GP)

McWilliams, William B. (S)
R. R. 2, Liberty (47353) (GP)

Richmond
(Zip Code 47374)

Adney, Frank B., Jr.....1015 S. A St. (U)
Ake, Loren.....213 Medical Arts Bldg. (GP)
Allen, Robert T.....34 S. Seventh St. (OPH)
Banez, Ramon V.....1040 S. 23rd St. (GP)
Ballenger, William E. (S) 309 Medical Arts Bldg. (OTO)
Blossom, Paul W.....825 S. A St. (GP)
Cabigas, Jose S.....516 Nat'l Road West (GP)
Clarkson, Clarence G.....1350 Chester Blvd. (GP)
Clemente, Jose P.....4400 South B St. (GP)
Coble, Frank H.....51 S. Eighth St. (OPH)
Cooke, John V.....Reid Mem. Hosp. (R)
Cox, Leon T. (S).....1210 E. Main St. (GP)
Daggy, James R.....47 South 24th St. (GP)
Darroca, Wm. C.....Richmond State Hosp. (P)
Deanovic, Frank W.....107 Medical Arts Bldg. (D)
Dehner, John R.....Reid Memorial Hospital (R)
Dingle, Paul E.....127 Medical Arts Bldg. (OBG)
Ebbinghouse, Tom.....98 W. Main St. (GP)
Farmer, Charles R.....307 Medical Arts Bldg. (IM)
Gibson, Alois E.....1250 Chester Blvd. (ORS)
Glock, Alan R.....1250 Chester Blvd. (IM)
Guthrie, James R.....100 N. 15th St. (IM)
Hagie, Franklin E.....100 N. 15th St. (GP)
Harmon, Carl J.....311 Medical Arts Bldg. (GP)
Hibner, Dan W.....307 Medical Arts Bldg. (GP)
Isaacs, Sidney.....2200 S. 23rd St. (ANES)
Johnson, George M.....1250 Chester Blvd. (GS)
Klepfer, Jefferson F.....Richmond State Hospital (P)
Kreitl, Dorothy R.....Richmond State Hospital (P)
Lee, Glen Ward.....100 N. 15th St. (U)
Lewis, James R.....1250 Chester Blvd. (IM)
Ling, John F.....1250 Chester Blvd. (IM)
Logan, James Z.....84 S. 14th St. (GS)
Loomis, Charles H.....100 N. 15th St. (GS)
McIlroy, Richard J.....1000 W. Main St. (P)
Mader, John H.....2000 E. Main St. (IM)
Miller, Harold L.....1250 Chester Blvd. (ORS)
Millis, Arthur B.....1250 Chester Blvd. (IM)
Mirando, Conrado R. III.....Reid Mem. Hosp. (OBG)
Paraiso, Antonio Q.....313 Medical Arts Bldg. (OBG)
Park, Byron J.....1250 Chester Blvd. (ORS)
Plasterer, Edward D.....212 S. 16th St. (PD)
Porter, George S.....920 Whitewater Blvd. (OBG)
Ramsdell, Glen A.....1015 S. A Street (IM)
Runge, Paul W.....100 N. 15th St. (IM)
Rodriguez, Claveria P.....Reid Memorial Hospital (GP)

Sage, Charles V., Jr.....48 S. 11th St. (GP)
Schmitt, Robert W.....25 Circle Drive (P)
Sherer, Kenneth E.....1250 Chester Blvd. (GS)
Shields, Tom S.....47 S. 11th St. (OTO)
Short, John A.....4284 So. C. Court (ANES)
Snyder, Morris C.....810 S. A St. (GP)
Spellmeyer, John C.....Reid Memorial Hospital (R)
Stepleton, John D.....Reid Memorial Hospital (PATH)
Stilwell, William R.....2607 South C Place (ANES)
Wambo, John M.....920 White Water Blvd. (GP)
Warren, Robert J.....1434 Chester Blvd. (PD)
Warrick, Francis B.....100 N. 15th St. (IM)
Weitemier, Raymond A.....1434 Chester Blvd. (PD)
Wertenberger, Morris D.
779 Greenmount Pike, R. R. 2 (R)
Wiland, Olin K.....Reid Memorial Hospital (PATH)
Woodman, Kenneth S.....1250 Chester Blvd. (GS)
Zore, Joseph J.....1308 North A Street (PD)

Shepard, Fred F.....College Corner, Ohio (45003) (GP)

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Bradley, Louis F.....303 S. Main St. (IM)
Buckner, Joy F. (S).....116 E. Walnut St. (GP)
Caylor, Charles H.....303 S. Main St. (U)
Caylor, Harold D. (S).....303 S. Main St. (GS)
Caylor, Truman E. (S).....303 S. Main St. (U)
Collins, Jack T.....303 S. Main St. (IM)
Cook, Robert G.....303 S. Main St. (OTO)
Dorrance, Thomas O.....303 S. Main St. (PD)
Eisaman, Jack L.....303 S. Main St. (IM)
Gitlin, William A.....121 E. Market St. (GP)
Graf, Russell E.....1110 Highland Park Circle (OO)
Jaurnig, Russell R.....303 S. Main St. (R)
Johnston, Robert L. (S).....811 S. Morgan St. (IM)
Kephart, S. Bruce.....303 S. Main St. (OBG)
Lohmuller, Herbert W.....303 S. Main St. (IM)
Matzen, Richard N.....303 S. Main St. (IM)
Mayock, Peter P.....303 S. Main St. (IM)
Meier, Donald W.....303 S. Main St. (GS)
Mock, L. Farrell.....303 S. Main St. (GS)
Mudrony-Szoke, Jeno B.....303 S. Main St. (R)
Nicols, Robert D.....303 S. Main St. (OBG)
Panos, Constantine G.....227 S. Main St. (GP)
Pietz, David G.....303 S. Main St. (IM)
Pitts, Neal C.....303 S. Main St. (IM)
Prough, Wendell A.....611 W. Market St. (OPH)
Purcell, Lawrence T.....303 S. Main St. (U)
Shaw, Glenn R.....303 S. Main St. (OBG)
Shinn, Gloria L.....303 S. Main St.
Shroyer, Herbert L.....303 S. Main St. (GP)
Steckbeck, Robert L.....303 S. Main St. (ANES)
Strehler, Don A.....303 S. Main St. (PD)
Talbert, Pierre C.....303 S. Main St. (GS)
Yoder, Richard P.....303 S. Main St. (IM)

Stevens, Adam C.....Kendallville (46755) (R)
Gingerick, Charles M.....Liberty Center (46766) (GP)
Kinzer, LeRoy D.....Markle (46770) (GP)
Miller, Gerald L.....Markle (46770) (GP)
Hardin, Wayne E.....Ossian (46777) (GP)

Huebner, Gilbert D...1776 K. St., Washington, D.C. (GS)
Rudy, Donald B.
P. O. Mnene, via Belingwe, Rhodesia, S. Africa (GS)

WHITE COUNTY

McClure, Stanley E. (S).....Monon (47959) (GP)

Monticello

(*Zip Code* 47960)

Bougher, Gerald R.....R. R. #1 (GP)
Dickerson, W. Martin.....1114 O'Connor Blvd. (GP)
Fields, Max L.....Western Heights (GP)
Hibner, Nolan A.....222 S. Main St. (GP)
Jehanyar, M. Ali.....116 N. Illinois St. (GP)
Morris, Warren V.....115 W. Marion St. (GP)

Forbes, Violet.....Wolcott (47995) (GP)
Skidmore, Charles E.....Wolcott (47995) (GP)

WHITLEY COUNTY

Minick, Linus J.....Churubusco (46723) (GP)

Columbia City

(*Zip Code* 46725)

Hamilton, Thomas.....115 S. Main St. (GP)
Heritier, C. Jules.....700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S)....118 E. Van Buren St. (GP)
Niccum, Warren L.....215 E. Van Buren St. (PD)
Reid, Donald B.....2 Hallmark Square (GP)
Roth, James R.....323 N. Chauncey (GP)
Vogel, John L.....215 E. Van Buren St. (IM)
Wait, Jerome H.....360 N. Oak (GP)
Wilson, John.....122 N. Main St. (GP)

Stalter, Gaylord W.....North Webster (46555) (GP)
Mishler, Joe B...P. O. Box 276, Pierceton (46562) (GP)
Yoder, Dewey D. (S) R. R. #1, Pierceton (46562) (OTO)
Huffman, Verlin P.
201 N. State St., South Whitley (46787) (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION
1972-1973

EXECUTIVE COMMITTEE

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IMMEDIATE PAST PRESIDENT	Mrs. Stanley Chernish	4403 Radnor Rd.	Indianapolis 46226
Appointed Officers			
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FINANCE	Mrs. William Tindall	616 South Harrison	Shelbyville 46176
HISTORIAN	Mrs. Dwight Schuster	4503 Washington Blvd.	Indianapolis 46205
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CO-EDITOR	Mrs. Eli Goodman	333 Oriole Drive	Charlestown 47111

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AMA-ERF	Mrs. Claude Meyers	225 W. Utica Pike	Sellersburg 47172
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HEALTH EDUCATION	Mrs. Irwin Sonne	1546 Sunset Drive	New Albany 47150
HEALTH MANPOWER	Mrs. Charles Link	663 Williamsburg Lane	Greenwood 46142
INTERNATIONAL HEALTH	Mrs. James Guthrie	3112 S.E. Parkway	Richmond 47374
LEGISLATION	Mrs. G. Beach Gattman	1319 Lawn Avenue	Elkhart 46514
CO-LEGISLATION	Mrs. William Ragan	2157 Wilshire Road	Indianapolis 46208
MEDICAL CARE INSURANCE	Mrs. Robert Michael	4610 W. Sycamore	Kokomo 46901
VOLUNTEER HEALTH SERVICES	Mrs. Jack Walker	Walker Road	Yorktown 47396
COMMUNITY SERVICES	Mrs. C. B. Ladine	5417 No. Meridian St.	Indianapolis 46208

AD HOC APPOINTMENTS

CHAIRMAN OF WOMEN'S ACTIVITIES, 1972 ISMA CONVENTION	Mrs. Richard Schnute	752 Round Hill Road	Indianapolis 46260
CONVENTION CHAIRMEN, 1973 HOUSE OF DELEGATES	Mrs. C. Herbert Spencer Mrs. E. H. Bergendahl	2106 Paulding Road 1202 Illsley	Fort Wayne 46816 Fort Wayne 46807
WA-SAMA LIAISON	Mrs. Herbert Egbert	419 West 63rd Street,	Indianapolis 46260
ISMA ADVISORY CHAIRMAN	Dr. William Sholty	R. D. 8 Box 89,	Lafayette 47901

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Decatur
(*Zip Code* 46733)

Rich, Mrs. Norval S.....R. R. 4
Zwick, Mrs. Harold F.....104 E. Rugg

ALLEN COUNTY

Bluffton
(*Zip Code* 46714)

Brickley, Mrs. Harry D.....401 S. Main St.
Buckner, Mrs. Joy.....P.O. Box 87
Hamilton, Mrs. O. G.....203 E. Central Dr.

Fort Wayne
(*Zip Code* 46805 *unless otherwise indicated.*)

A

Acker, Mrs. Herbert.....2112 Lakewood Dr. (09)
Adams, Mrs. E. Wade....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C...4820 Chaucer Dr. (15)
Aiken, Mrs. Arthur F.....8331 Waterswolde (25)
Aiken, Mrs. Nevin E.....5540 N. Clinton St.
Aldred, Mrs. Allen W.....3636 Rosewood Dr. (04)
Andrew, Mrs. Jerald..410 W. Sherwood Ter. (07)

Arata, Mrs. Justin E.....224 Ludwig Rd. (25)
Ashman, Mrs. William C.....1018 Kinnaird (07)
Aust, Mrs. Charles H...7137 Roseann Pkwy. (04)

B

Ball, Mrs. John R...13434 Abonite Center Rd. (04)
Baltes, Mrs. Joseph H.....1309 Sunset Dr. (07)
Barch, Mrs. John W.....4921 Desoto Dr.
Bauman, Mrs. Richard L.....5219 Langsdon Pass (05)
Beams, Mrs. Ralph...3710 Wawonaissa Trail (11)
Beights, Mrs. Raymond.....4505 Fairlawn Pass
Bergendahl, Mrs. Emil.....1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Billingsley, Mrs. John....4720 Crestwood Dr. (07)
Bixler, Mrs. J. A.....5220 Corydon Court (15)
Blichert, Mrs. Peter A.
449 W. Sherwood Terrace (07)
Bolander, Mrs. J. E.....6614 Monarch Dr.
Bollheimer, Mrs. Donald A.
3705 Bluegrass Lane
Borders, Mrs. Theodore R.....1802 Nevada St.
Bossard, Mrs. John W.....1611 Alabama
Bower, Mrs. Richard E...7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W....7916 Covington Rd. (04)
Brandt, Mrs. William.....3535 Kirkland Lane
Braunlin, Mrs. Robert J.....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd..207 Southridge Rd. (25)
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H.....3302 Garland
Brown, Mrs. Frederic W.
1813 Woodmoor Dr. (04)
Brucker, Mrs. Perry A.....2933 Kingsley Dr.
Bryan, Mrs. Franklin A.....3006 Devon Dr.
Buchholz, Mrs. J. G.....6807 Penmoken Dr. (09)
Buckner, Mrs. Doster....2710 Bosworth Dr. (05)
Buckner, Mrs. George D.....4327 Hampshire Dr.

C

Carr, Mrs. W. B.....6139 Monarch Drive
Cast, Mrs. William.....4138 S. Harrison (07)
Chambers, Mrs. Alan....1408 Three Rivers Apts. East (02)
Chambers, Mrs. Donald.....5700 Fontana Drive
Chase, Mrs. J. A...4120 N. Washington Road (04)
Clark, Mrs. William R. Jr...532 Oakdale Dr. (07)
Clark, Mrs. Wm. R.....4002 S. Harrison (07)
Cochran, Mrs. H. A., Jr...706 Nightfall Rd. (07)
Connelly, Mrs. Jerry.....3321 Glencairn (05)
Connelly, Mrs. Richard D.....3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cottrell, Mrs. Robert F...5125 Worthman Ct. (07)
Craig, Mrs. Richard M.....5435 Woodhurst (07)

D

Datzman, Mrs. Richard.....2722 Roscommon
Dauscher, Mrs. Dean D....5303 Cresthill Dr. (04)
Donesa, Mrs. Antonio B.....4023 Spanish Trail
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)

E

Emme, Mrs. Richard W....4429 Imperial Park Dr. (15)
Epps, Mrs. James H.....2935 Devon Dr. (05)

F

Farquhar, Mrs. John S...4701 Covington Rd. (04)
Felger, Mrs. Thomas.....310 East Fleming Ave.
Ferguson, Mrs. Arthur N.
5533 S. Wayne Ave., Apt. # 6 (07)
Fiacable, Mrs. Joseph P..5626 Dartmouth Dr. (25)
Flaherty, Mrs. Robert....1835 Forest Park Blvd.
Foy, Mrs. Thomas.....3635 Delray Dr.
Franke, Mrs. Gordon R...6216 Midwood Dr. (15)
Frankhouser, Mrs. C. M..1518 Woodmore Dr. (04)
Fullam, Mrs. Richard.....4159 Woodstock

G

Gastineau, Mrs. David C..8203 Westridge Rd. (25)
Gerding, Mrs. William J...1721 Forest Park Blvd.
Giffin, Mrs. Charles....7939 Scottwood Court (04)
Gize, Mrs. Raymond....1810 Forest Valley Drive
Glassley, Mrs. Stephen.....6950 Stellhorn Rd.
Glock, Mrs. Maurice E...1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R.....3427 Amulet Dr. (02)
Goebel, Mrs. Carl W.....4102 S. Harrison (07)
Gould, Mrs. John C....2921 Old Orchard Rd. (04)
Graham, Mrs. George M...1126 W. Rudisill (07)
Green, Mrs. Robert F...4429 W. Hamilton Rd. (09)
Greenlee, Mrs. Robert L.....3344 Sanibel Dr.
Greist, Mrs. Walter D.....4809 Arlington (07)
Griffith, Mrs. Harold R...1913 Forest Park Blvd.
Gumbert, Mrs. Jack L...3315 Adirondack Dr. (06)

H

Hackett, Mrs. Walter G..5220 Crandon Lane (04)
Haffner, Mrs. Herman G..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J.....6001 Ranger Trail (15)
Hall, Mrs. William R.....8721 Fortuna Way
Haller, Mrs. Richard C...229 W. Wallen Rd. (08)
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Hamilton, Mrs. George.....4531 Highwood Dr.
Harris, Mrs. James J...6126 Gaymoor Lane (15)
Hasewinkle, Mrs. August M...3544 Kirkland Lane
Hastings, Mrs. Warren C.....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E.....3721 Inwood
Herendeen, Mrs. Thomas L..1023 Shoreworth (09)
Hershberger, Mrs. Philip G.
5525 Covington Rd. (04)
Hickman, Mrs. Donald M.....3409 Delray
Hillery, Mrs. Robert.....3513 Kirkland Lane
Hoffman, Mrs. Arthur F...3619 Harris Rd. (08)
Hoog, Mrs. John M...1617 Kensington Blvd. (05)
Hoover, Mrs. Joseph.....415 Blake Dr. (08)
Howe, Mrs. Fordyce L.....2540 Springfield
Hull, Mrs. DeWayne L.....3511 Delray

I & J

Irmscher, Mrs. Geo. W.....2024 Florida Dr.
Isenogle, Mrs. Kenneth.....11118 Kings Crossing (25)
Jackson, Mrs. John F...5315 Cloverbrook Dr. (06)
Johnston, Mrs. Richard.....2533 Bellevue Dr.
Jontz, Mrs. Joseph.....8307 Westridge (25)
Jontz, Mrs. Richard L.....5314 Damask Dr.
Juergens, Mrs. Richard.....8233 Parkridge (25)

K

Kachmann, Mrs. Rudy A.....20501 Merivale (05)
Karol, Mrs. Herbert J.....1725 Ardmore (04)
Kaufman, Mrs. Julian R...5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A.....4633 Crestwood (07)
Kent, Mrs. Richard N.....1515 Hickory St.
Keyes, Mrs. Robert C.....1226 Illsley (07)
Kilgore, Mrs. Byron.....3110 Glencairn Dr.
Kimbrough, Mrs. Robert..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A.....4602 Tacoma (07)
Kleopfer, Mrs. Ronald G.....6321 Sharon Dr. (25)
Klooze, Mrs. Kenneth W.....723 W. Packard (07)
Knight, Mrs. Lewis W.....3502 Glencairn Dr.
Krueger, Mrs. John.....4910 Midlothian Rd. (15)
Kruse, Mrs. Walter E.....4006 Spanish Trail

L

Ladig, Mrs. Donald S.....2720 Fairfield (07)
Laker, Mrs. Gene C.....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J.....1244 W. Rudisill (07)
Lampe, Mrs. Elfred H...4255 Hartman Rd. (07)
Laycock, Mrs. Richard.....4909 Midlothian (15)
Lee, Mrs. John W.....5421 Glenrose Dr.
Lenk, Mrs. George G.....5507 E. State St.
Lloyd, Mrs. Robert P.
3838 N. Washington Rd. (04)
Logan, Mrs. Richard S.....5225 Vance
Lohman, Mrs. Robert M...1320 Westover Rd. (07)
Lorman, Mrs. James G.....4926 Midlothian (15)
Luckey, Mrs. J. E.....3103 Bramble Crest Dr.
Lyster, Mrs. Richard F.....3512 Maxim Dr. (05)

M

McCallister, Mrs. John W...4215 Drury Lane (07)
McCaslin, Mrs. D. L...7638 Hope Farm Road (05)
McDowell, Mrs. George A...2322 Forest Park Blvd.
McEachern, Mrs. Cecil....4242 Old Mill Rd. (07)
Maldia, Mrs. Godofredo M...8717 Manor Dr. (25)
Mann, Mrs. R. E.....1316 Old Lantern Trail (25)
Manning, Mrs. George....4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R.....2120 Forest Park Blvd.
Mercer, Mrs. Samuel
3235 N. Washington Rd. (04)
Meyer, Mrs. Theo. O.....3728 Kirkwood
Michaelis, Mrs. Stephen C...1255 Korte Lane (07)
Miller, Mrs. Carl G.....457 Oakdale Dr. (07)
Miller, Mrs. Don E.....2503 Palisade Dr. (06)
Miller, Mrs. E. D.....3222 Jonquil Dr. (05)
Miller, Mrs. H. Paul.....6408 S. Calhoun (07)
Miller, Mrs. Mahlon F.....3922 W. Taylor Rd.
Apt. 62 (04)
Miller, Mrs. Orval J.....1810 Kensington
Miller, Mrs. Richard.....5516 Indiana (07)
Moats, Mrs. Carl F...3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C...4723 St. Joe Center Rd.
(15)
Morey, Mrs. Edwin.....6841 Bluemist Rd. (09)
Morgan, Mrs. Milton M..8214 Park Ridge Dr. (25)
Mortenson, Mrs. Leland J.
1310 W. Foster Pkwy. (07)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H.....5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F.....8757 Maysville Rd.

P

Pancner, Mrs. Ronald J.
3170 Briar Brook Lane (04)
Parker, Mrs. C. B.....2215 Paulding Rd. (06)
Parrot, Mrs. Donald J.....4926 Chaucer (15)
Patterson, Mrs. Jack W.....8914 Maravilla Dr.
Perrin, Mrs. Kermit F.....2828 Lake Ave.
Pickett, Mrs. Merle E.....4509 Trierwood
Pierret, Mrs. Guy.....1021 Braton (25)
Popp, Mrs. Milton F.....3148 Parnell Ave.
Priddy, Mrs. Marvin.....3902 Bonita Place

R

Rank, Mrs. William B.....1704 Old Lantern Trail
(25)
Reed, Mrs. John D.....3940 Dalewood Dr.
Reszel, Mrs. Paul A.....4016 Hedwig Dr.
Rhee, Mrs. Sang K.....2827 Roscommon (05)
Richards, Mrs. A. D.....10102 Circle Drive (04)
Richardson, Mrs. Joseph H.....8726 Fortuna Way
Rissing, Mrs. Walter J.....3200 Irvington
Roser, Mrs. Arthur J.... 5576 Covington Rd. (04)
Rothberg, Mrs. Maurice..4319 Hartman Rd. (07)
Rousseau, Mrs. John W.....3018 Devon Dr.
Rusher, Mrs. M. W.....5116 Ivy Brook Ave. (15)

S

Salon, Mrs. Harry W...4017 Hiawatha Blvd. (07)
Salon, Mrs. Joel.....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E.....4629 Tacoma (07)
Scheeringa, Mrs. Ronald H.
2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R...5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert ...4820 Midlothian (15)
Schmidt, Mrs. Eugene E.....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J.....605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L...6920 Blue Mist Rd. (09)
Schoenhals, Mrs. Charles E.....5431 Vance Ave.
Schubert, Mrs. Jerome C.
10725 Old Colony Rd. (25)
Scudder, Mrs. James.....1619 Forest Park Blvd.
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W.....7129 Duane Dr.
Sidell, Mrs. James.....3912 Bonita Pl.
Silvero, Mrs. Hubert L...7102 Antehellum Bl. (05)
Sirlin, Mrs. E. M.....2615 Trier Rd.
Smith, Mrs. C. Curtis.....5134 Vance Ave.
Smith, Mrs. Philip L.....5416 South Wayne (07)
Smith, Mrs. Roger C.....7005 Winnebago
Snyderman, Mrs. Sanford C.
3222 N. Wash. Rd. (04)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C.....3924 Spanish Trail
Steigmeyer, Mrs. David J.....6809 Woodcrest
Stier, Mrs. Paul..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred.....4211 Woodstock Dr.
Stucky, Mrs. Jerry L.....4167 Woodstock Ave.
Sullivan, Mrs. Robert E...4925 Midlothian Dr. (15)

T

Terrill, Mrs. Richard.....4727 Old Mill Rd. (07)
Thomas, Mrs. J. R.....3036 Tonawanda (05)
Tomusk, Mrs. August N.
1620 Forest Park Blvd.
Trier, Mrs. Herbert P.....1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III
1605 Randalia (05)
Tyndall, Mrs. J. Phillip..3306 Rockwood Dr. (05)

U-V

Ungemach, Mrs. Willo F.....3929 Wenonah (07)
Villanueva, Mrs. Onofre.....1812 Benham Dr.
Vogel, Mrs. Lloyd A.....4819 Midlothian Dr. (15)
Voorhees, Mrs. Robert J...2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr...4105 Dalewood Dr.
Walker, Mrs. Floyd.....1202 Forest Ave.

Wallace, Mrs. Collins R.....126 Timber Lane
Weber, Mrs. John R.....5315 S. Wayne
Wick, Mrs. Alfred A.....2320 Springfield Ave.
Wilson, Mrs. Leslie.....4864 Reed Rd. (15)
Wilson, Mrs. Roland B.....4100 Abbott (06)

Z

Zweig, Mrs. Elmer S.....2015 Pemberton

New Haven

(*Zip Code* 46774)

Dahling, Mrs. C. Wallace..Carefree Farms, R. R. 2
Dahling, Mrs. Fred W.....R. R. 1, Box 9A
Hoetzer, Mrs. Eldore M.....5233 Doyle Rd.
Stumpf, Mrs. Edwin E.....1316 Werling Rd.

Senseny, Mrs. Eugene F.
R. R. 2, Roanoke (46783)
Somers, Mrs. Gerald.....R. R. 2, Box 41B, Angola (46703)
Harvey, Mrs. H. C.....107 Methodist Dr., Franklin (46131)
Gentile, Mrs. J. Paul.....R. R. 1, Grabill (46741)
Mackel, Mrs. Frederick
R. R. 1, Huntertown (46748)
Harless, Mrs. O. Fred.....Monroeville (46773)
Graham, Mrs. James C..R. R. 2, Roanoke (46783)
Schlegel, Mrs. Edward
2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus

(*Zip Code* 47201)

Able, Mrs. Walter.....R. R. 2
Adler, Mrs. David L.....4224 N. Riverside Dr.
Beggs, Mrs. Lowell F.....2733 Riverside Dr.
Brueggemann, Mrs. George W.
R. R. 9, Wood Lake
Bush, Mrs. Robert.....2729 Riverside Dr.
Cooper, Mrs. W. E.....303 Flat Rock Dr.
Daugherty, Mrs. Forest D...R. R. 1, Indian Hills
Davis, Mrs. Marvin R.....2300 N. Washington St.
Dugan, Mrs. Thomas.....2661 18th St.
Echsner, Mrs. Herman J.....300 Tipton Lane
Fisher, Mrs. Walter S.....3450 Nugent
Fortner, Mrs. Roy E.....R. R. # 2
Franz, Mrs. Sherman.....3835 Village Dr.
Hart, Mrs. Robert B.....1203 16th St.
Hauersperger, Mrs. Alfred D...4450 N. Riverside Dr.
Hawes, Mrs. Marvin E.....2975 Franklin Dr
Jacobs, Mrs. Robert.....2710 Taylor Rd.
James, Mrs. Carroll.....2634 Chestnut
Knotts, Mrs. Halleck S.....2740 Washington St.
Krueger, Mrs. Robert B.....811 27th St.
Macy, Mrs. George W.....2335 Riverside Dr.
Marr, Mrs. Griffith.....Marr Rd., R. R. 1
McCullough, Mrs. Henry G.
Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd W.....308 Sunset Dr.
Nelson, Mrs. Bryan.....3031 Revere Court
O'Bryan, Mrs. Richard B...3306 Grove Parkway
Pearce, Mrs. Wm.....1601 Hunter Place
Probst, Mrs. Edward L.....1920 Franklin St.
Rau, Mrs. Charles A.....1312 Audubon Dr.
Richmond, Mrs. Harold W.....1725 Washington
Ryan, Mrs. C. David.....4025 N. Riverside Dr.
Ryan, Mrs. Wm. J.....3224 Grove Parkway
Sandlin, Mrs. Donald L.....R. R. 7
Schmitt, Mrs. Richard K.....2639 Riverside Dr.
Schneider, Mrs. Kenneth D...4250 N. Riverside Dr.
Sebehar, Mrs. Duane A.....2640 18th St.
Stribling, Mrs. James L.....4232 N. Riverside Dr.
Weinland, Mrs. George C.....R. R. 5
Weisenberger, Mrs. Brockton..3305 Wooland Pkwy.
Wigh, Mrs. Russell.....2767 Lafayette Ave.
Williams, Mrs. E. W.....1815 Park Valley Dr.
Wissman, Mrs. William.....2537 Riverside Dr.

BOONE COUNTY

Lebanon

(*Zip Code* 46052)

Boyer, Mrs. Don.....210 E. Drive
Burns, Mrs. Keith.....2109 Center Dr.
Coons, Mrs. John D.....121 Ulen Blvd.
Coons, Mrs. Ritchie.....138 Ulen Blvd.
Honan, Mrs. Paul.....202 East Dr.
Kern, Mrs. Clarence G.....1019 N. Meridian
Lenox, Mrs. Jack.....203 East Dr.
McAfee, Mrs. James.....1997 Terrace Lane
Mukhtar, Mrs. Fuad.....126 Ulen Blvd.
Perkins, Mrs. Thornton.....2213 Terrace Lane
Weddle, Mrs. Charles O.....2209 Terrace Lane
Wiseheart, Mrs. Robert H.....123 Ulen Blvd.

Schaaf, Mrs. Alvin D.....Jamestown (46147)
Gregg, Mrs. Edwin.....110 W. Main, Thorntown (46071)

CARROLL COUNTY

Delphi

(*Zip Code* 46923)

Baker, Mrs. Eldon E.....R. R. 4, Box 144
Petry, Mrs. T. Neal.....130 W. Summit St.
Seese, Mrs. Robert M.....201 W. North St.
Wagoner, Mrs. Geo. W.....305 W. Summit St.

Eller, Mrs. Alvan..R. R. # 1 Box 13, Flora 46929

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Mrs. Earl W.....2522 North
Bean, Mrs. Joseph S.....R. R. 1, Box 167
Brewer, Mrs. Robert A.....803 E. Broadway
Eckert, Mrs. Russell A.....15 Frederick St.
Glendening, Mrs. Richard L.....2300 Broadway
Hall, Mrs. Bernard R.....3400 E. Broadway
Hedde, Mrs. Eugene L.....2304 Chase Rd.
Hillis, Mrs. L. J.....2410 Hastye Hyll
Horning, Mrs. Richard R...Logansport State Hosp.
Howard, Mrs. Joseph D.....829 E. Market St.
Jones, Mrs. J. Carl.....R. R. 3
Karnafel, Mrs. Eugene T.....R. R. 2, Box 80
King, Mrs. Jay M.....2319 Mayfair Dr.
Mamaril, Mrs. B. F.....3715 Henry Drive
Maschmeyer, Mrs. R. H...Logansport State Hosp.
Morrical, Mrs. Russell J.....415 Highland
Viney, Mrs. Charles.....2525 High St. Road
Williams, Mrs. Earl K.....1214 E. Broadway
Wilson, Mrs. Paul H.....2600 Hastye Hyll

CLARK COUNTY

Charlestown

(*Zip Code* 47111)

Goodman, Mrs. Eli.....333 Oriole Dr.
Horlander, Mrs. Fridolin.....Stacy Road
Jones, Mrs. David.....State Rd. 403
Voskuhl, Mrs. William L.....Redbud Dr.

Clarksville

(*Zip Code* 47131)

McKechnie, Mrs. Robert K...1554 Blackiston Mill Rd.
Mudd, Mrs. Joseph.....103 Rosewood Dr.
Neathamer, Mrs. Thomas.....1548 Briarwood Dr.
Willner, Mrs. Alan.....214 Rosewood Dr.
Wolverton, Mrs. George.....115 Rosewood Dr.

Jeffersonville
(*Zip Code* 47130)

Buckley, Mrs. Ernest.....1469 E. 8th St.
Clark, Mrs. William B.....435 Spring St.
Golden, Mrs. Wm. Y.....1929 Utica Pike
Gutman, Mrs. Gordon..R. R. 3, Blackiston Mill Rd.
Huoni, Mrs. John.....6 Blanchel Terrace
Isler, Mrs. Nathaniel C.....901 Morningside Dr.
Jimenez, Mrs. Pedro.....727 Martha Dr.
Oca, Mrs. Clemente F.....2101 Utica Pike
Reed, Mrs. Edsel.....4 Pawnee Dr.
Riehl, Mrs. Richard.....55 Wildwood Road
Roby, Mrs. A. L.....Rt. 9, Box 91. Utica Pike
Torres, Mrs. Jose.....1423 Ridgeway Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J.....225 W. Utica St.
Regan, Mrs. George.....7917 Highway 31W
Robertson, Mrs. Robert E.....615 W. Utica St.
Sturgis, Mrs. Donald G.....542 Linnwood
Vandevert, Mrs. Arthur.....202 Highland

Bachman, Mrs. Keith
350 W. Center, Madisonville, In 42431
Carr, Mrs. Joseph H., Pine Rd., Henryville (47126)
Greene, Mrs. W. R.....Henryville (47126)
Archangel, Mrs. C. S.....0309 Castleview Dr., Louisville, Ky. (40207)
Bizer, Mrs. Mier....502 Country Lane, Louisville, Ky. (40205)
Cosio, Mrs. Julio....404 Club Lane, Louisville, Ky. (40205)
Duque, Mrs. Fausto..407 Rolling Lane, Louisville, Ky. (40207)
Heideman, Mrs. David
6203 Innes Trace Rd., Louisville, Ky. 40222
Matibag, Mrs. Victor P.....9202 Tiverton Way Louisville, Ky. (40222)
McCloud, Jr., Mrs. L. C.....7607 Wesleyan Place Louisville, Ky. (40222)

DEARBORN COUNTY

Lawrenceburg
(*Zip Code* 47025)

Bowen, Mrs. Gerald.....808 Tanner Ave.
Conrad, Mrs. Henry.....370 Bielby Rd.
Houston, Mrs. Fred D.....533 Ludlow St.
Morrison, Mrs. George.....35 DeJerns Lane
Pfeifer, Mrs. James M.....550 Ludlow
Rhodes, Mrs. Alfred.....548 Ridge Ave.
Scudder, Mrs. Gary E.....Kirby Ave.
Streck, Mrs. Francis A.....547 Ridge Ave.

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John
P.O. Box 545, Daleville (47334)
Puterbaugh, Mrs. Karl.....Albany (47320)
Montgomery, Mrs. Lall G.
Box 149A, RFD 1, Gaston (47342)
William, Mrs. Joe R. R. # 1 Gaston
Hunsberger, Mrs. Donald.....603 S. Main Montpelier (47359)
Ingram, Mrs. Richard.....R. R. #2 Montpelier (47359)
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown (47356)
Owsley, Mrs. Guy...214 N. High St., Hartford City (47348)

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B.....4608 W. Jackson St.
Alexander, Mrs. Jack.....2301 Audubon
Alvey, Mrs. Charles R.....3830 University Ave.
Ashburn, Mrs. Clarence.....2202 W. Purdue Rd.

B

Ball, Mrs. Clay A.....23 Green Briar Apts.
Ball, Mrs. Philip.....2820 W. Main St.
Benken, Mrs. Lawrence.....11 Hampshire
Baltzer, Mrs. Donald.....23 Timberlane
Bergwall, Mrs. Warren.....20 Burnell Dr.
Berner, Mrs. H. W.....3909 Peachtree Lane
Border, Mrs. John F.....3009 Gishler Dr.
Botkin, Mrs. Thomas
R. R. 7, Box 145, Brevington Woods (02)
Branam, Mrs. George.....38 Warwick Rd.
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Stewart D.....19 Hickory Rd. (03)
Brown, Mrs. Thomas.....R. R. 6, Box 191 (02)
Burwell, Mrs. Stanley W.....3124 W. Gilbert
Butterfield, Mrs. R. M.....222 Winthrop Rd.
Butz, Mrs. Ralph.....3824 Riverside Ave.

C

Clark, Mrs. Robert.....3124 University Ave.
Cole, Mrs. Larry.....625 Riley Road
Cooley, Mrs. Paul P.....3003 Oaklyn
Coulon, Mrs. Thomas.....1604 Brentwood
Covalt, Mrs. Wendell E.....304 Alden
Cullison, Mrs. John.....2601 Parkway Dr.

D

Dersch, Mrs. David.....305 Greenbriar
Dietz, Mrs. David J.....1713 Brentwood Lane
Dowell, Mrs. Anthony.....1709 Forrest Ave.
Dunning, Mrs. Thomas.....3301 N. Tillotson Ave.
Dutchman, Mrs. William R.....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick.....308 Wildwood

G

Geckler, Mrs. Charles E...1007 W. North St. (03)
Gibson, Mrs. Robert.....2306 Timber Lane
Goodell. Mrs. Charles.....5 Briar Rd.
Gray, Mrs. Stuart.....3851 University
Greiber, Mrs. Marvin.....306 Greenbriar Rd.
Gustafson, Mrs. Milton H.....230 Stradling Rd.

H-I

Hall, Mrs. Robert S.....701 Brentwood
Hayes, Mrs. T. R.....19 Warwick Rd.
Henderson, Mrs. Ramon.....52 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Hollingsworth, Mrs. Thomas..8211 BraeBurn N.D.
Holmes, Mrs. John.....908 W. Gilbert (05)
Hostetter, Mrs. I. S.....1011 Beachwood
Imhof, Mrs. J. D.....46 Warwick Rd.
Jay, Mrs. Arthur.....1700 Winthrop

K

Kalker, Mrs. Morton.....704 Greenbriar Rd.
Ko, Mrs. Richard.....3315 Cornwall
Koch, Mrs. Edwin F., Jr.....915 University Ave.
Koss, Mrs. K. William.....707 Greenbriar
Kress, Mrs. J. W.....2610 Redding Rd.

L

Lawson, Mrs. Lawrence.....3117 Petty Rd.

M-N

Mathewson, Mrs. R. C.
R. R. 9, Box 157, Benton Rd.
McCallister, Mrs. Larry.....25 Warwick Rd.
McClintock, Mrs. James A...3121 University Ave.
Montgomery, Mrs. Ralph.....3300 Godman
Moore, Mrs. Jack.....2306 Park Lane
Nelson, Mrs. Harold E.....3216 Torquay Rd.
Newnam, Mrs. Philip.....2500 Brooks Dr.

O

Osborne, Mrs. John.....3119 Petty Road

P-Q

Peacock, Mrs. Robert.....R. R. 3 (02)
Pell, Mrs. Donald.....3109 Godman
Pippinger, Mrs. Joseph
2200 Twickingham Dr. (02)
Pippinger, Mrs. W. G.....1200 N. Tillotson
Quick, Mrs. William J.....Moore Rd., R. R. 7 (05)

R

Reedy, Mrs. Richard.....118 Allen Rd.
Rivers, Mrs. Glynn.....307 Alden Rd.
Roch, Mrs. Marshall.....1720 E. Robinwood Lane
Rudicel, Mrs. Max..R. R. 6, Box 193 Isanogle Road

S

Schulhof, Mrs. M. G.....1914 Woodmont (04)
Searight, Mrs. Howard
R. R. 2, Box 66, Burlington Drive (02)
Shaw, Mrs. Mathew.....2206 Woodward Dr.
Speck, Mrs. Carlson.....3208 University
Stanley, Mrs. John R.....2303 Redding (02)
Stibbins, Mrs. Warren E.....609 Brentwood
Stout, Mrs. Francis E.....102 Berwyn Rd. (04)

T

Tharp, Mrs. Donald.....3121 Petty Rd.
Tharp, Mrs. John.....2214 Twickingham Dr.
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

V-W

Voss, Mrs. Gert.....77 Warwick Rd.
Ware, Mrs. Herbert.....1700 Glen Ellyn
Weisner, Mrs. Richard
R. R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland.....1704 Brentwood

Y

Yarling, Mrs. John.....1705 W. North St.
Young, Mrs. G. S.....114 Berwyn Rd.

Cooper, Mrs. John H.....R. R. 1, Eaton (47338)
Hinchman, Mrs. Jean.....Parker (47368)
Walker, Mrs. Jack.....R. R. 1, Box 163A,
Yorktown (47396)

DUBOIS COUNTY

Backer, Mrs. Henry George
Box 37, Ferdinand (47532)
Fajardo, Mrs. Manuel
Box 126, Ferdinand (47532)
Heck, Mrs. Martin.....Christmas Lake Village,
Santa Claus (47579)
Encinas, Mrs. Benen Jimenez....704 S. Main St.,
English (47118)

Huntingburg

(*Zip Code* 47542)

Amini, Mrs. Sohrab.....R. R. 1
Borges, Mrs. Victor J.....Leland Dr.
Bretz, Mrs. John.....Orchard Ridge
Craig, Mrs. Harry.....R. R. 1
Scales, Mrs. Alfred B.....Holland Rd.
Scales, Mrs. Allen D.....Cedar Heights
Stork, Mrs. Harvey K.....523 First St.

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John.....910 W. 13th St.
Bomalaski, Mrs. Don.....1005 Kuebler Place
Drew, Mrs. Daniel Connor.....1308 N. Main St.
Gootee, Mrs. Francis.....1027 Emily St.
Gootee, Mrs. Thomas.....1328 Dorbett St.
Kemper, Mrs. Bernard.....1809 Newton
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1344 Dorbett St.
Salb, Mrs. J. P.....R. R. 5, Box 3A
Wagner, Mrs. Arthur L.....825 W. 13th St.

Held, Mrs. George.....R. R. 1, Loogootee (47553)

ELKHART COUNTY

Bristol

(*Zip Code* 46507)

Neidballa, Mrs. E. G.....W. Vistula St.

Elkhart

(*Zip Code* 46514)

Atwood, Mrs. Wm. H., Jr.....303 S. Nappanee St.
Bender, Mrs. Robert L.....300 Robair Lane
Benson, Mrs. James E.....1629 Rainbow Bend Dr.
Billings, Mrs. Elmer R.....2022 E. Jackson Blvd.
Bloom, Mrs. George R.....1100 E. Jackson Blvd.
Boling, Mrs. Richard C.....217 Riverdale Dr.
Bowdoin, Mrs. George E.....2725 Vernon Ave.
Campbell, Mrs. Patrick B.....1517 Meadow Lane
Cassim, Mrs. R. M.....534 Southwest Blvd.
Classen, Mrs. Pete R. C.....R. R. 4, Box 506AA
Compton, Mrs. Walter A.....2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L.
1950 Rainbow Bend Blvd.
Dovey, Mrs. Edward G., Jr...1604 Springbrook Dr.
Durham, Mrs. Thomas E.....135 S. Vine St.
Elliott, Mrs. Thomas A.....5 Kim Court
Finfrock, Mrs. James D.....608 S. West Blvd.
Fleming, Mrs. Claude F.....229 W. Jackson Blvd.
Futterknecht, Mrs. James O..1640 Brookwood Dr.
Gattman, Mrs. G. Beach.....1319 Lawn Ave.
Harrell, Mrs. Ronald R.....R. R. 5, Box 31-9
Heiser, Mrs. Ervin.....520 South West Blvd.
Heminway, Mrs. Norman L.
1700 Rainbow Bend Blvd.
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W.....3333 Greenleaf Blvd.
Jones, Mrs. Robert B., Jr.
1839 Rainbow Bend Blvd.
Kinter, Mrs. Burton E.....3520 E. Jackson Blvd.
Knight, Mrs. Larry E.....1615 Greenbrier
Krause, Mrs. Frederick.....9 Rio Lindo Dr.
Luther, Mrs. William C.....3006 East Lake Dr. S.
McArt, Mrs. Bruce A.....2412 Kenilworth Dr.
Mark, Mrs. George A.....3139 Frailey Dr.
Markel, Mrs. Ivan J.....215 W. Franklin St.
Martin, Mrs. Paul H.....1519 Strong Ave.
Miller, Mrs. Donald G.....1520 E. Mishawaka Rd.
Miller, Mrs. Galen R.....2229 Thorndale Ct.
Mininger, Mrs. Edward P...1118 E. Jackson Blvd.
Mishkin, Mrs. Irving...1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E.
522 S. Highland Ave.
O'Donovan, Mrs. C. J.....2308 Broadmoor Dr.
Paff, Mrs. Wm. A.....1509 Meadow Lane
Paine, Mrs. George E.....329 Meisner Ave.
Pancost, Mrs. Vernon K.....160 Riverview Ave.
Papadopoulos, Mrs. Aris.....1729 Victoria Dr.
Parshall, Mrs. Dale B.....3538 Gordon Rd.
Peterson, Mrs. James H.....1773 E. Beardsley
Pletcher, Mrs. William D.....350 Hiawatha Drive
Rouen, Mrs. Robert L.....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O.....R. R. 4, Oakland Ave. Rd.
Scheer, Mrs. Alexander L.....1529 Ash Dr., E.
South, Mrs. Dale R., Jr.....21 St. Joe Manor
Spray, Mrs. Page E.....658 Kilbourn St.
Stubbins, Mrs. William..1703 Rainbow Bend Blvd.
Wilson, Mrs. Orley E.....2505 Greenleaf Blvd.
Yoder, Mrs. C. Richard..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S.....1509 Meadow Lane

Goshen

(*Zip Code* 46526)

Bender, Mrs. John M.....R. R. 6, Box 388
Bigler, Mrs. Frederick W.....124 Parmley Dr.

Bowser, Mrs. Philip G.....707 S. 7th St.
Chandler, Mrs. Leon H.....412 S. Fifth St.
Freeman, Mrs. Floyd M.....309 E. Washington St.
Graber, Mrs. Virgil R.....R. R. 2, Box 107
Gunderson, Mrs. Shaun D.....Box 334
Haney, Mrs. Leslie.....R. R. 3
Harris, Mrs. Neil Revere.....628 S. 5th St.
Hostetler, Mrs. Carl.....1602 S. Eighth St.
Kennedy, Mrs. Myron S.....R. R. 5, Box 22B
Johnson, Mrs. Charles I.....904 Leroy Ave.
Krabill, Mrs. Willard S.....120 Carter Rd.
Massanari, Mrs. Walter S.....211 Egbert Rd.
Minter, Mrs. Donald L.....2604 Woodlawn Dr.
Price, Mrs. Robert W.....214 South 6th
Smucker, Mrs. Ernest E.....R. R. 5, Bluff Rd.
Troyer, Mrs. Dana O.....1727 S. 13th St.
Westfall, Mrs. George S.....307 W. Kercher Rd.
Yoder, Mrs. Carl J.....R.R. 5

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray.....R. R. 1, Box 216
Kendall, Mrs. F. M.....654 Woodland

Weybright, Mrs. William....Middlebury (46540)
Fosbrink, Mrs. E. L.....218 S. Huntington, Box 157, Syracuse (46567)
Zimmerman, Mrs. W. H.
R. R. # 2 Box 31, Syracuse 46567

New Paris

DeFries, Mrs. John.....Box 77A, R. R. 1 (46553)
Quilty, Mrs. Thomas J..R. R. 1, New Paris (46553)

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert.....105 E. Harrison
Guttman, Mrs. John B. 109 Broadview Dr.
Miller, Mrs. James R...306 W. Waterford, Box 446
Lundt, Mrs. Milo Oliver
R. R. # 3, Box 92, Edwardsburg, Mich. 49112

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F.....901 Main

Connersville
(*Zip Code* 47331)

Angeles, Mrs. Armando E.....Highland Drive
Clark, Mrs. Helen Nevin.....401 Western Ave.
Ellis, Mrs. George M.....108 East 10th St.
Hudson, Mrs. Arlington M.....Alquina Rd.
Kauffman, Mrs. Robert W.....R. F. D. 2
Kerrigan, Mrs. William F. R. F. D. 6
Lockhart, Mrs. Jack M....Golf Manor Dr., R. R. 6
Mountain, Mrs. Francis B.....320 Center Dr.
Neukamp, Mrs. Frank H.....R. R. 6
Renforth, Mrs. William.....612 Tulip Lane
Sanders, Mrs. Bertram W.....1533 Virginia Ave.
Steinem, Mrs. Joseph L.....R. R. 3
Watterson, Mrs. Gerald T.....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Bundy, Mrs. Vernon.....1308 Triangle Dr.
Receveur, Mrs. Paul E.....472 Gutford Road

New Albany
(*Zip Code* 47150)

Barbee, Mrs. John.....419 Highland Ave.
Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.
Best, Mrs. Maurice M.....1233 Vance Ave.
Bowman, Mrs. Leon.....927 Pennwood Dr.
Brown, Mrs. K. H.....1654 Hedden Park
Buchman, Mrs. Marshall.....1824 State St.
Cannon, Mrs. Daniel H.....1203 E. Spring St.
Cook, Mrs. Melvin.....2505 Glenwood Park
Edwards, Mrs. W. F.....1116 Savannah Dr.
Garner, Mrs. William H., Jr.....1510 Sunset Dr.
Harlowe, Mrs. Stuart E.....15 Trimingham Rd.
Hess, Mrs. P. Patrick.....1313 Ridgeway Ave.
Johnson, Mrs. William V.....1540 Sunset Dr.
LaFollette, Mrs. Donald R.
Box 494-1, R. R. 2, Quarry Road
LaFollette, Mrs. Robert E.....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan.....R. R. 2, Box 500
Paris, Mrs. John M.....2003 Lindbergh Ct.
Pierce, Mrs. Gene S.....1425 Bellmeade Dr.
Pope, Mrs. Howard.....1003 Castlewood Dr.
Ruoff, Mrs. William.....1109 Lafayette Dr.
Sonne, Mrs. Irvin H.....1546 Sunset Dr.
Streepey, Mrs. Jefferson I.....1919 DePauw Ave.
Wallace, Mrs. Elmer L.....1804 DePauw Ave.
Wolfe, Mrs. Morton F.....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A.....2007 Graybrook Lane
Worley, Mrs. H. L.....1923 DePauw Ave.

Bickers, Mrs. Everett E.....R. R. 2, Box 428, Old Hill Rd., Floyds Knobs (47119)
Higgins, Mrs. John R.
R. R. 2, Box 405-C, Floyds Knobs (47119)
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs (47119)
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs (47119)

FULTON COUNTY

Miller, Mrs. Virgil C.....P. O. Box 37, Akron (46910)
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver (46511)
Rosero, Mrs. M. Geo.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Mrs. Elbie V.....317 W. Seventh St.
Knochel, Mrs. Wayne.....R. R. 2, Box 119-A
Richardson, Mrs. Chas. L.....R. R. 2, Box 276
Richardson, Mrs. Joseph D.....R. R. 2
Rowe, Mrs. Howard H.....417 W. Ninth St.
Rusler, Mrs. William J.....R. R. 2
Stinson, Mrs. Dean K.....1318 Main St.
Walton, Mrs. Richard R. R. # 2

GIBSON COUNTY

Geick, Mrs. Raymond G...207 N. Main, Ft. Branch (47533)
Marchand, Mrs. Edwin V.....Haubstadt (47539)

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E.....518 S. Jackson St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F.....319 E. State St.
Folck, Mrs. John K.....528 N. Main St.
Graves, Mrs. Orville M.....125 W. Walnut St.
McElroy, Mrs. Robert S.....404 W. Walnut St.
Peck, Mrs. James F.....605 W. Monroe St.
Pruitt, Mrs. Donald.....401 W. Spruce
Weitzel, Mrs. Roland E.....309 W. Spruce St.
Wells, Mrs. William R.....Broadview Addition

GRANT COUNTY

Marion
(*Zip Code* 46952)

Abell, Mrs. Charles F.....717 Jeffras Ave., P.O. Box 95
Adams, Mrs. Luther
V.A. Hospital, Staff Quarters 38
Alderfer, Mrs. Henry.....919 Euclid Ave.
Ayres, Mrs. W. W.....1807 Hawthorne Rd.
Beck, Mrs. Thomas.....2234 South Road 600 W. Road
Belcher, Mrs. Alan D.....5021 N. Peconga Dr.
Brandes, Mrs. David.....702 MacAllen Dr.
Braunlin, Mrs. Robert.....P.O. Box 96
Brown, Mrs. Robert M.....825 Euclid Ave.
Caldwell, Mrs. Richard B...2610 East Bocock Road
Chan, Mrs. John.....2105-D Frederick Dr.
Chaney, Mrs. Robert D.....1326 Woodland Dr.
Comeau, Mrs. Wm. J., Jr.....918 Hawthorne Rd.
Davis, Mrs. Joseph B.....1315 Sheridan Rd.
Davis, Mrs. Merrill S.....723 Euclid Ave.
Donaldson, Mrs. Miles.....512 Spencer Ave.
Fisher, Mrs. Henry.....3940 W. 300 S.
Fisher, Mrs. Pierre J., Jr.....911 Overlook Rd.
Fuelling, Mrs. James....4285 North Road, R. R. 7
Ganz, Mrs. Max.....904 Jeffras Ave.
Goldsmith, Mrs. David.....2711 River Rd.
Grant, Mrs. Arthur M.....3602 Wildwood Dr.
Guevara, Mrs. Teodoro.....607 Windsor Dr.
Hemphill, Mrs. Roger.....1609 Chapel Pike
Hummel, Mrs. R. M.....2411 Lommel Lane
Jarrett, Mrs. John C.....3418 Wildwood Dr.
Kershner, Mrs. Charles R.....915 Wabash Ave.
Khalouf, Mrs. Herbert C.....2036 Kem Rd.
Lahr, Mrs. Richard.....815 Jeffras Ave.
Lavengood, Mrs. Russell W....1195 E. Charles Rd., R. R. 7
Lonngren, Mrs. Dudley.....611 Cardinal Lane
Manalo, Mrs. Francisco, S.....801 Jeffras
Miller, Mrs. H. Allison.....1010 W. Fourth St.
Musselman, Mrs. L. K.....6713 E. 200 S.
Pattison, Mrs. John D.....1315 Elm Lane
Pearcy, Mrs. Marcene
2970 North Road, 220 East, R. R. 7
Powell, Mrs. J. P.....127 River Dr.
Raju, Mrs. S. Gopal.....908 Miller Ave.
Reid, Mrs. James D.....932 Gustave Pl.
Renbarger, Mrs. Lester.....2111 Wabash Pike
Rhamy, Mrs. Donald E.....310 N. Charles Rd.
Rhorer, Mrs. John G.....711 Wabash Ave.
Shuck, Mrs. William A., Jr....1114 Overlook Rd.
Simmons, Mrs. Frederick H.....2607 Beech Lane
Skomp, Mrs. Claud E.....1123 Euclid Ave.
Smith, Mrs. Barton T.....515 Val Lane
Smith, Mrs. Eurett E.....R. R. 1, 5089 Peconga
Snowhite, Mrs. Arthur B.....610 Cardinal Lane
Thompson, Mrs. Samuel R.....903 Overlook Rd.
Tomlinson, Mrs. Jerry A.....203 North E. St.
Walton, Mrs. R. Lee.....607 Cardinal Lane
Warren, Mrs. Carroll B.....1211 Euclid Ave.
Wilson, Mrs. Ned A.....2455 River Rd.
Young, Mrs. Robert G.....1207 Northwood Dr.

Shrock, Mrs. E. E.....Box 187, Amboy (46911)
Malott, Mrs. Fred
105 W. Marion, Converse (46919)
Yale, Mrs. Charles
524 S. Main St., Fairmount (46928)
Garrison, Mrs. L. J.....515 E. Main St., Gas City (46933)
Koontz, Mrs. William A.....334 E. Main, Gas City (46933)
Shoemaker, Mrs. Richard L.....604 N. Third St., Gas City (46933)
Baskett, Mrs. R. J.....412 S. Main St., Jonesboro (46938)
Bean, Mrs. William
2585 W. Dogwood, Sweetser (46987)
Botkin, Mrs. James
2565 Breezewood, Sweetser (46987)
Poehler, Mrs. Frederick C....LaFontaine (46940)
Taylor, Mrs. E. C...226 E. Anson, Upland (46989)
Rifner, Mrs. Eugene....1051 N. 500 E, Van Buren (46991)
Rhamy, Mrs. Arthur P....R.R. 5, Wabash (46992)
Thompson, Mrs. B. Jay...R. 5, Box 610, Wabash

HENDRICKS COUNTY

Baker, Mrs. Glen W.....19 Burns Drive Brownsburg (46112)
Black, Mrs. James.....R. 1, Box 167-B, Brownsburg (46112)
Scudder, Mrs. A. N.....24 N. Grant, Brownsburg (46112)
Walker, Mrs. Thomas
R. R. 1, Box 93-A, Brownsburg (46112)
Hibbeln, Mrs. Thomas J.
1112 Oakwood Trail, Indianapolis 46260

Danville
(*Zip Code* 46122)

Calhoon, Mrs. John.....R. R. 3, Box 1
Cheesman, Mrs. Donald D.....Round Hill Ct.
Gibbs, Mrs. Joseph W.....445 E. Mill St.
Heinlein, Mrs. Carl L.....540 S. Cross
Kerlin, Mrs. Joseph.....160 Urban St.
Kirtley, Mrs. Robert W.....350 Urban St.
Terry, Mrs. Lloyd.....292 W. Marion

Ellis, Mrs. L. Hall.....Lizton (46149)
Scamahorn, Mrs. Malcolm O.....Pittsboro (46167)

Plainfield
(*Zip Code* 46168)

Clark, Mrs. Eric D.....207 East Dr.
Cohen, Mrs. Irving.....645 E. Main St.
Folkening, Mrs. Mark N.....631 Kentucky
Hadley, Mrs. David M.....10 Almond Court
Haggard, Mrs. David B.....R. R. 2, Box 249
Stafford, Mrs. William C.
P.O. Box 97C, 625 S.E. St.

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Bitler, Mrs. C. C.....603 S. Eleventh St.
Bledsoe, Mrs. James G.....319 S. 14th
Brock, Mrs. J. T.....100 Van Nuys Rd.
Burnett, Mrs. Arthur.....801 Melody Lane
Campbell, Mrs. Sam W.....901 McCormack Dr.
Donahue, Mrs. Francis.....415 Raintree Dr.
Dye, Mrs. Cloyd.....Rutherford Road, R. R. 5
Easter, Mrs. James N.....520 Edgewood
Fisher, Mrs. John E.....1135 Woodlawn Dr.
Foster, Mrs. Ray T.....420 N. Main St.
Harrison, Mrs. Benjamin L.....233 Bundy Ave.
Heilman, Mrs. William C., Jr...1112 St. James Ct.
Hill, Mrs. Kenneth G.....707 Leland
KinKade, Mrs. Paul T.....3306 W. Acre Dr.
May, Mrs. A. J.....606 Black Rd.
McDonald, Mrs. Frank C.....365 Trojan Lane
McElroy, Mrs. James S.....1213 Audubon Rd.
McKee, Mrs. Roy G.....606 Fairoaks Rd.
Paz, Mrs. Luis.....Rutherford Road S., R.R.
Pollack, Mrs. Seymour.....Box 34
Saint, Mrs. William.....705 Hawthorn Rd.
Smith, Mrs. Mark.....631 S. 11th St.
Stauffer, Mrs. Geo. E.....2705 S. Memorial Dr.
Steussy, Mrs. Calvin N.....601 Hoosier Dr.
Stout, Mrs. Walter M.....522 S. 12th St.

Stricker, Mrs. Paul J.....719 Fair Oaks Dr.
Vivian, Mrs. Donald E.....R. R. 4
Webb, Mrs. O. Lynn.....Audubon Rd.
Wiatt, Mrs. Leonard.....2716 Fairoak
Wiggins, Mrs. D. S.....219 S. 12th St.
Wilhelm, Mrs. Guido P.....100 Leland St.

Marshall, Mrs. Lloyd....Walnut St., Mt. Summit (47361)
Robertson, Mrs. William S.....213 W. Main St., Spiceland (47385)
Amos, Mrs. Robert L.....116 Villa Dr., Sorrento Shore, Osprey, Fla. (33559)

HOWARD COUNTY

Smith, Mrs. Charles
10512 Spring Hill Dr., R. R. 1, Carmel (46032)
Denton, Mrs. Larkin D....S. Meridian, Greentown (46936)

Kokomo

(*Zip Code* 46901)

Adams, Mrs. C. J.....1216 W. Superior
Alward, Mrs. J. H.....401 W. Walnut
Artis, Mrs. Myrle E.....900 E. Broadway
Bowers, Mrs. Copeland C.....1530 W. Taylor
Bowers, Mrs. Garvey B.....421 Morningside
Bowers, Mrs. John A.....1535 W. Jefferson
Bowman, Mrs. John.....3208 Susan Dr.
Brown, Mrs. Richard J.....920 Bellevue Pl.
Bruegge, Mrs. T. J.....2919 Burton
Clevinger, Mrs. Wm.....1303 Bagley Drive
Conley, Mrs. Thomas M.....2811 Dellwood Dr.
Craig, Mrs. R. A.....4105 W. Sycamore Rd.
Das, Mrs. Amal K.....3112 Tallyho Dr.
Doss, Mrs. Jerome.....3209 Susan Drive
Earl, Mrs. Max M.....2210 S. Wabash
Elleman, Mrs. Jack.....414 W. Mulberry
Ericson, Mrs. Homer S.....124 Leafy Lane
Ferry, Mrs. Paul W.....1207 W. Sycamore
Fields, Mrs. Donald L.....3304 Tallyho Dr.
Frazier, Mrs. Jack L.....3208 Tally Ho Dr.
Golper, Mrs. Marvin N.....411 Morningside Dr.
Good, Mrs. Richard P.....227 N. Forrest Dr.
Granda, Mrs. Armando.....417 Rue DeFrance
Grothouse, Mrs. Carl B.....925 Bellevue Place
Guin, Mrs. Jere D.....4401 N. Parkway
Halfast, Mrs. Richard W.....2505 Katherine Ave.
Harshman, Mrs. James....4100 Millerwood Lane
Harvey, Mrs. E. C.....118001 Crestview Blvd.
Higgins, Mrs. Jack W...4815 West Sycamore Road
Jewell, Mrs. George.....1609 Green Acres Dr.
Johnson, Mrs. Darryl L.....4435 W. Sycamore Rd.
Kremers, Mrs. George A.....2401 S. Wabash
Lehman, Mrs. David.....4200 Millerwood Ln.
Lodde, Mrs. Marvin.....3500 Tallyho Dr.
McClure, Mrs. Warren N.....900 Arundel Ct.
Michael, Mrs. Robert L.....4610 W. Sycamore Rd.
Miethke, Mrs. Richard.....2922 Bagley Dr.
Moore, Mrs. John M.....1500 Honey Lane
Morrison, Mrs. W. R.....413 Conradt Ave.
Murray, Mrs. Ernest C.....2200 S. Webster
Musngi, Mrs. Luciano.....3400 Melody Lane
Paris, Mrs. Durward W.....2417 S. Lafountain
Perkins, Mrs. P. L.....4101 Millerwood Lane
Pesarillo, Mrs. S. N.....904 Pavalion
Phares, Mrs. Robert W.....1712 S. Malfalfa Rd.
Prather, Mrs. Phillip E.....123 Magnolia Dr.
Quakenbush, Mrs. John P.....813 Melody Lane
Radpour, Mrs. Shokri.....4300 Millerwood Lane
Rudicel, Mrs. Max W.....321 Kingston Rd.
Ruel, Mrs. G. Marvin.....1809 W. Carter
Scherschel, Mrs. Thomas R.....809 Dye Rd.
Schwartz, Mrs. F. C.....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo.....4505 N. Parkway
Shenk, Mrs. Earl M.....306 N. Webster
Smith, Mrs. G. J.....821 East Dixon
Tate, Mrs. James.....1905 Greytwig
Tignor, Mrs. Sterling P.....3464 Tallyho Dr.
Tofaute, Mrs. John L.....1721 W. Walnut St.
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr.....1121 Highland Dr.
Watson, Mrs. Leo.....2920 Bagley Dr.
Wilson, Mrs. Norman K.....1909 Greytwig

King, Mrs. F. Karl
2032 Moray Ct. West, Indianapolis (46260)
Evans, Mrs. Robert W.....Russiaville (46979)

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Gillespie, Mrs. G. R.....710 Commerce
Scharbrough, Mrs. William.....105 W. Summit
Shields, Mrs. Jack.....721 W. Spring

Crothersville

(*Zip Code* 47229)

Adair, Mrs. W. K.....208 S. Armstrong
Bard, Mrs. Frank B.....305 E. Howard

North Vernon

(*Zip Code* 47265)

Calli, Mrs. Louis J.....408 S. State
Johnson, Mrs. William A.....318 Jennings St.

Seymour

(*Zip Code* 47274)

Baxter, Mrs. Harry..710 West Dr., Sunset Pkwy.
Black, Mrs. Joseph M.....671 Braewick Road
Blaisdell, Mrs. William F.....630 Greenway Ct.
Bosch, Mrs. Ralph O..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin.....515 W. Sixth St.
Graessle, Mrs. H. P...640 East Dr., Sunset Pkwy.
Kamman, Miss Martha.....332 W. Oak St
Knotts, Mrs. Slater.....449 Cottonwood Dr.
Linson, Mrs. John C.....1430 Lady Marian Dr.
Ripley, Mrs. John W.....2001 Ewing St.
Templeton, Mrs. Ian S.....1408 Ewing St.
Wiethoff, Mrs. C. A...615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer

(*Zip Code* 47978)

Ahler, Mrs. Kenneth.....703 Milroy
Beaver, Mrs. Raymond E.....111 Thompson St.
Ockermann, Mrs. Kenneth R.....202 Home St.

JAY COUNTY

Andrews, Mrs. Frank....R. R. 2, Geneva (46740)
Donnally, Mrs. George....R. R. 1, Geneva (46740)

Portland

(*Zip Code* 47371)

Cripe, Mrs. William H.....507 W. High St.
Fitzpatrick, Mrs. James S.....405 W. Race St.
Gillum, Mrs. Eugene.....W. Votaw St
Keeling, Mrs. F. E.....609 W. Race St.
Lopez, Mrs. Alfonso.....446 W. Arch St.
Schenck, Mrs. Ralph.....R. R. 2, W. 7th St.
Steffy, Mrs. Ralph M.....321 E. Race St.
Vormohr, Mrs. Joseph F.....1011 S. Meridian St.

Rudolph, Mrs. Rosser....#1 Wiltshire Rd., Muncie (47304)
Reisz, Mrs. Ronald K.
Fort Recovery, Ohio (45846)

JOHNSON COUNTY

Franklin

(*Zip Code* 46131)

Andrews, Mrs. Hugh K.....R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C.....395 S. Home Ave.
Bullington, Mrs. George.....R. F. D. 4
Chappel, Mrs. A. T.....1101 North Dr.
Chiu, Mrs. Luke.....R. R. # 1, Box 64
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph F.....1000 E. King St.
Foster, Mrs. Robert H. K.....1025 Orchard Lane
Gilliland, Mrs. John.....200 N. Water St.
Gannon, Mrs. Anthony.....R. R. 1, Box 234
Jones, Mrs. Charles A.....1010 E. Adams Dr.
Mock, Mrs. Harry E. Jr.....201 E. Monroe
Murphy, Mrs. Harry E.....422 N. Walnut St.
Nalley, Mrs. James.....R. R. 5, Box 350L
Palmer, Mrs. Harley P.....Forrest Park Dr.
Province, Mrs. Wm. D.....99 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson St.
Reynolds, Mrs. Paul.....R. R. 4
Ritteman, Mrs. George.....R. R. 3, Box 19A
Roller, Mrs. Mac.....1100 Hillview Dr.
Slifer, Mrs. Doyel.....1265 East Adams Drive
Walters, Mrs. Jack L.....1205 E. Jefferson St.
Waymire, Mrs. Wm. M.....101 N. Walnut St.

Greenwood

(*Zip Code* 46142)

Brown, Mrs. George E.....705 Colonial Way
Link, Mrs. Charles.....663 Williamsburg Lane
Machledt, Mrs. John.....243 S. Madison
Ogle, Mrs. Robert.....Valley Ln. Ct.
Sheek, Mrs. Kenneth I.....407 S. Forest Dr.
Small, Mrs. George.....1066 Lawn Dale Court
Tiley, Mrs. George.....40 N. Madison
Wesemann, Mrs. Merrill M.....109 Carefree Ct., R. R. 2
Young, Mrs. Joseph W.....904 Beech Park Dr.

Deogracias, Mrs. Francisco D..Edinburgh (46124)
Topacio, Mrs. Love K.....Edinburgh (46124)

KNOX COUNTY

Vincennes

(*Zip Code* 47591)

Anderson, Mrs. John B.....1222 Forest Hill Dr.
Anderson, Mrs. Richard M.....Monroe City Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1315 McDowell Rd.
Beckes, Mrs. Ellsworth.....220 N. 5th
Black, Mrs. Boyd K.....1008 State Road 67-N
Buehl, Mrs. Frederick.....1911 College Avenue
Buesser, Mrs. Rudsen M.....1643 Spruce Drive
Cantwell, Mrs. E. R.....P.O. Box 924
Chattin, Mrs. Herbert O.....729 Main St.
Coffel, Mrs. Melvin
1400 Forest Hills Drive Extension
Combs, Mrs. Daniel J.....1325 McDowell Ave.
Curtner, Mrs. Myron L.....216 N. Sixth St.
Dayson, Mrs. Louie O.....R. R. 2
Elliott, Mrs. Richard Levere..506 McKinney Road
Floyd, Mrs. Malcolm.....1310 Forest Hills Dr.
Haswell, Mrs. John N.....1604 Old Orchard Rd.
Hendrix, Mrs. Charles.....1302 Forest Hills Dr.
Herman, Mrs. Daniel John....Lotus Lane, R. R. 3
Jacqmain, Mrs. Ralph J.....Monroe City Rd.
Lopez, Mrs. Raul E.
Main & Ramsey Road, R. R. 4
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. Virgil C.....Monroe City Rd.
Miller, Mrs. Charles L.....R. R. 4
Nichols, Mrs. Robert J.....1906 John R. Rd.
Parmenter, Mrs. Harry B.....205 Elm Lane
Reilly, Mrs. James F.....401 Buntin St.
Shanklin, Mrs. Jack L.....1545 Barnett Lane
Smith, Mrs. Ralph O.....603 Busseron St.
Spencer, Mrs. Frederic.....902 Perry St.
Stein, Mrs. Richard H.....1209 Old Orchard Rd.
Stewart, Mrs. Frank W.....Hillcrest Rd.
Vaughn, Mrs. Walter R.....2018 Prospect Ave.
Von der Lieth, Mrs. William C.....R. R. 3
Welch, Mrs. Norbert M.....Monroe City Rd.

Scudder, Mrs. John.....Edwardsport (47528)

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Crown Point

(*Zip Code* 46307)

Han, Mrs. D.....R. R. 7, Box 138K
Horst, Mrs. W. W.....468 Lake St.
Rudolph, Mrs. Franklin G.....R. R. #1, Box 316 E

Lopez, Mrs. F.....2162 Hart, Dyer (46311)

East Chicago

(*Zip Code* 46312)

Campagna, Mrs. E. A.....2004 Joy Lane
Ernst, Mrs. H. C.....4219 Baring Ave.
Grosso, Mrs. William.....4132 Northcote
Niblick, Mrs. James S.....4115 Fir St.

Gary

(*Zip Code* 464 *plus zone number*)

Bills, Mrs. Robert N.....534 Lincoln St. (02)
Carbone, Mrs. Joseph A.....526 Johnson St. (02)
Cabrera, Mrs. P. B.....7512 Harold Ave. (03)
Gregoline, Mrs. E.....5700 Taft Place 46408
Kopcha, Mrs. Joseph E.....650 Pierce St. (02)
Lorenty, Mrs. T. B.....3654 Madison St. (08)
Martino, Mrs. R. S.....3000 W. 55th Ave. (46408)
Mather, Mrs. J. Winford..7224 Maple Ave. (03)
Mayorga, Mrs. Alfredo....1811 W. 54th Ave. (08)
Mirro, Mrs. John.....2712 W. 57th Pl. (08)
Semerdjian, Mrs. A.....3360 Pierce St. (08)
Spellman, Mrs. F. W.....6941 Ironwood (46403)
Valencia, Mrs. M. M.....7700 Hemlock (03)

Griffith

(*Zip Code* 46319)

Enker, Mrs. S.....1819 N. Arbogast
Lundeberg, Mrs. Ralph A.....1211 N. Harvey
Modjeski, Mrs. J. R....1707 N. Arbogast Apt. 1F
Teplinsky, Mrs. Louis
1739 N. Arbogast Dr., Apt. 2G

Hammond

(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael L..6237 Forest Ave. (24)
Barron, Mrs. Elmer A.....6635 Kansas (23)
Beconovich, Mrs. Robert....6540 Forest Ave. (24)
Cotter, Mrs. Edward R..7225 Knickerbocker Pkwy. (23)
Eggers, Mrs. H. W.....6542 Hohman (20)
Egnatz, Mrs. Nicholas....820 Highland St. (20)
Elledge, Mrs. Ray.....6415 Forest Ave. (24)
Fischer, Mrs. Burnell.....49 Indi-Illi Park (24)
Grabow, Mrs. E. F.....6501 Moraine (24)
Hack, Mrs. Edmund C.....7147 Olcott St. (23)
Husted, Mrs. Robert G...7248 Forest Ave. (24)
Kretsch, Mrs. Russell W...7214 Hohman Ave. (24)
Marks, Mrs. Ora L.....7111 Olcott Ave. (23)
Mason, Mrs. Richard L.....6915 Magoun (24)
Neal, Mrs. L. W.....7301 Forest Ave. (24)
Panares, Mrs. Solomon V.....4 172nd Pl. (24)

Peck, Mrs. Edward A.....6422 Moraine Ave. (24)
Pilot, Mrs. Jean..7137 Knickerbocker Pkwy. (23)
Polite, Mrs. Nicholas L.....7320 California (23)
Ramker, Mrs. Daniel T...7129 Arizona Ave. (23)
Remich, Mrs. Antone C...6412 Moraine Ave. (24)
Repay, Mrs. W. A..7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W.....7126 Forest (24)
Thegze, Mrs. George A.....7435 Olcott Ave. (23)

Highland

(*Zip Code* 46322)

Beilke, Mrs. Clifford.....8725 Parkway Dr.
Dumanian, Mrs. Ara V.....8727 Parkway Dr.
Greenis, Mrs. Jack.....8737 Parkway Dr. 46322
Reed, Mrs. Ronald.....2100 Kenilworth
Tilka, Mrs. E. C.....8740 Parkway Dr.
Willardo, Mrs. A. T.....8712 Idlewild

Merrillville

(*Zip Code* 46410)

Alvarez, Mrs. Paul.....7745 Carolina Place
Doherty, Mrs. R. J.....984 W. 66th
Dumanian, Mrs. H.....6451 Arthur St.
Hadey, Mrs. J.....6494 Rutledge
Hovanessian, Mrs. R. A.....230 E. 59th Ave.
Kolettis, Mrs. J.....6401 Garfield
Mirich, Mrs. E. C.....940 W. 66th Ave.
Ornelas, Mrs. Joseph.....6339 Cleveland
Pappas, Mrs. E. T.....6429 Arthur St.
Platis, Mrs. J.....2511 W. 58th St.

Munster

(*Zip Code* 46321)

Ahn, Mrs. K. J.....1328 Fisher St.
Alt, Mrs. Edward M. Jr.....8804 Baring
Arbeiter, Mrs. Herbert I.....119 Beverly Place
Auburn, Mrs. R. P.....8945 University Dr.
Benchik, Mrs. Frank A.....8326 Hawthorne Dr.
Bleza, Mrs. M. T.....1419 River Drive
Bombar, Mrs. Leslie E.....8318 Oakwood
Boys, Mrs. F. F.....8517 Crestwood Ave.
Branco, Mrs. Arthur M.....1224 Melbrook
Brodersen, Mrs. J. D.....7936 Monroe St.
Cespedes, Mrs. Carlos.....1102 Fran Lin (21)
Chael, Mrs. Thomas.....8329 Linden
Costello, Mrs. Albert J.....1404 Fisher
Downs, Mrs. Kenneth.....1106 Fran Lin
Dragomer, Mrs. A. S.....1230 Fran-Lin Parkway
Egnatz, Mrs. Charles D.....1436 Janice Lane
Estacio, Mrs. R. Y.....8103 Jefferson
Farinas, Mrs. Cirilo.....1330 Franklin Pkwy.
Fitzpatrick, Mrs. W. J.....9131 Walnut Dr.
Fleischer, Mrs. J. C.....8345 Northcote
Giragos, Mrs. Henry....1826 Camelia Dr. Apt. 2B
Goldenberg, Mrs. Mitchell.....9200 Beech Ave.
Gomez, Mrs. C. M.....9429 Northcote
Gonzales, Mrs. S. A.....1537 Janice Lane
Greisen, Mrs. J. C.....1836 Fisher Place
Gross, Mrs. Joseph.....1505 MacArthur
Gustaitis, Mrs. John W.....1843 Crestwood
Hadidian, Mrs. Henry.....9124 Holly
Harvey, Mrs. David M.....8250 Linden
Hehemann, Mrs. W. V.....8718 Northcote
Hieber, Mrs. F. R.....9317 Foliage Lane
Jacobo, Mrs. M. J....1525 Fran Lin Parkway (21)
Jimenez, Mrs. F.....1147 Azalea Dr.
Kelly, Mrs. G. G.....1335 Elliott Dr.
Kenney, Mrs. Francis.....8131 Forest Ave.
Kott, Mrs. Alexander.....1333 Melbrook Dr.
Kuhn, Mrs. Arthur.....1535 - 35th St. (21)
Lanman, Mrs. John U.....1321 Elliott Dr.
Lautz, Mrs. Herbert A.....7943 Forest Ave.
Madlang, Mrs. R. M.....7750 Hohman Ave.
Marks, Mrs. Salvo P.....8320 Parkview Ave.
Marshall, Mrs. W. J.....1306 Elliott Dr.
Mason, Mrs. J. C.....1440 Fisher (21)
Min, Mrs. David.....1537 Tulip Lane
Mintz, Mrs. A. M.....1841 Lambert Ln
Modjeski, Mrs. Raymond J.....1824 Camelia
Montes, Mrs. H.....7915 Hohman Ave.
Morris, Mrs. W. H., Jr.....8044 Forest Ave.
Pamintuan, Mrs. F. G.....9438 Chestnut Lane
Paul, Mrs. Eudell G.....7905 Hohman Ave.
Rasch, Mrs. George C.....1519 35th St.
Raymundo, Mrs. L. C.....1129 Melbrook Drive
Santare, Mrs. V. J.....1336 Melbrook
Serna, Mrs. Carlos.....1417 McArthur
Serrano, Mrs. J. F.....1541 Melbrook St.
Smith, Mrs. Jerald.....1234 Melbrook
Smitley, Mrs. Roger P.....1519 Janice Lane
Sroka, Mrs. Stanley J.....8516 Hawthorne Dr.
Urbanski, Mrs. Walter.....9250 Foliage
Valderrama, Mrs. Hugo.....1325 MacArthur
Vandertoll, Mrs. D. J.....8211 Madison
Wooden, Mrs. Thomas F.....8354 Parkview

Mason, Mrs. Earl J.
Box 485 Ogden Dunes, Portage (46368)
Milos, Mrs. Robert J.....Box 642, Ogden Dr., Portage (46368)
Dimitroff, Mrs. Lambro
1021 Forest Hills, Calumet City, Ill. (60409)
Feldner, Mrs. Ronald P.
17717 Bernardine, Lansing, Ill. (60438) (60422)
Shapiro, Mrs. Joseph.....1000 Lake Shore Plaza, Chicago, Ill. (60611)
Tyrrell, Mrs. J.
1038 E. 153rd St., South Holland, Ill.

LaPORTE COUNTY

LaPorte

(*Zip Code* 46350)

Backer, Mrs. G. P.....1533 Michigan Ave.
Bascardin, Mrs. James.....1004 Indiana Ave.
Carter, Mrs. Fred S.....208 Forest Dr.
Datzman, Mrs. Basil J.....1421 Indiana Ave.
Durham, Mrs. Lowell J.....205 Forest Dr.
Elshout, Mrs. Clem H.....104 Willow Bend Dr.
Farnsworth, Mrs. S. A.....214 Lake Shore Dr.
Feinn, Mrs. Harry S.....1703 Michigan Ave.
Kelsey, Mrs. Robert M., Jr.....1305 Indiana Ave.
Kim, Mrs. Joon S.....1817 Michigan Ave.
Larson, Mrs. Goyt O.....902 E. 18th St.
Mead, Mrs. Frank E.....344 Grayson Road
Mladick, Mrs. Edward A.....314 Holton Rd.
Moore, Mrs. William G.....1532 Michigan Ave.
Moosey, Mrs. Louis.....2007 Michigan Ave.
Mueller, Mrs. Edwin C.....117 Evergreen Dr.
Oak, Mrs. David D.....1104 Andrew Ave.
Philbrook, Mrs. Seth S.....212 Forest Dr.
Richter, Mrs. John C.....2020 Beechwood Ct.
Sanchez, Mrs. Jose.....2424 Monroe St.
Scott, Mrs. John S.....508 Lakeshore Dr.
Sirugo, Mrs. Aldo C.....202 Forest Dr.
Smith, Mrs. John.....198 Garden St.
von Asch, Mrs. George.....2030 Michigan Ave.
Wolf, Mrs. Wm. E.....370 Oak Dr.
Young, Mrs. Lee N.....2102 Mustang Dr.
Zahrt, Mrs. Frank.....398 Oak Drive

Kepler, Mrs. Robert W.....Saugany Lake

Michigan City, Ind.

(*Zip Code* 46360)

Armstrong, Mrs. Thomas D.
215 E. Coolspring Ave.

Arney, Mrs. Amos.....3020 Northmoor Trail
Balinao, Mrs. Reuben.....2051 Lakeshore Drive
Bankoff, Mrs. Milton.....307 Kenwood Place
Galinis, Mrs. Algimatas J...2320 Lakeshore Drive
Hay, Mrs. Gene R.....3015 Maple
Houck, Mrs. Richard.....2940 Mt. Claire
Hoit, Mrs. Leonard.....538 Boyd Circle
Krogzek, Mrs. Stephen.....105 Breckenridge Dr.
Kubik, Mrs. Frank J.....218 Friendship Trail
Luce, Mrs. John W.....311 Garden Trail
Marske, Mrs. Robert L.....2920 Roslyn Trail
O'Brien, Mrs. Raymond J.....220 Kenwood Place
Paul, Mrs. Leonard G.....3023 Mayfield Way
Potter, Mrs. Brian.....3305 Pottowattomie Trail
Predd, Mrs. Florian M.....2401 Maple St.
Phillips, Mrs. John J.....Duneland Beach
Pilecki, Mrs. Peter J.....105 Avalon Ct.
Stark, Mrs. William A.....2821 Elbridge Way
Ticsay, Mrs. Bienvenido....Pottawattomie Estates
Walters, Mrs. William.....2724 Lakeshore Dr.
Weiss, Mrs. Albert E.
Arrowhead Trail, Duneland Beach
Weninger, Mrs. Donald.....2030 Silver Tip Lane
Zalac, Mrs. Donald A.....1404 Springland Ave.

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Mrs. Richard P.....1315 15th St.
Azzam, Mrs. Roshdi A.....130 Woodhill Dr.
Crosby, Mrs. Reid C.....11 Saddler Court
Dino, Mrs. Florian.....4 Hillcrest Circle
Duncan, Mrs. Raymond E.....311 Eastwood Dr.
Dusard, Mrs. Joseph C.....1107 N. St.
Edmonds, Mrs. Kendrick T.....438 Sycamore
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th St.
Gonzalez, Mrs. Raul C.....Brook Knoll
Hawkins, Mrs. Richard D.....228 Eastlake Drive
Kaderabek, Mrs. Donald J.....1734 Saddler Dr.
Kasting, Mrs. Gerald E.....Parkview Addition
Kerr, Mrs. Donald M.....1415 20th St.
McPike, Mrs. Joseph.....1103 Lincoln Ave.
Morrow, Mrs. Robert J.....R. 5, Brook Knoll
Mount, Mrs. James L.....1428 14th St.
Noe, Mrs. William R.....118 Woodhill Dr.
Pless, Mrs. John E.....Brook Knoll
Reuter, Mrs. John W.....Brook Knoll, R. 5
Scherschel, Mrs. John P.....1713 H St.
Sera, Mrs. Segundo R.....2006 Circle Court
Sharm, Mrs. Subramanya G.....2804 - 16th St.
Sorrells, Mrs. George W., Jr.....212 Lori Lane
Waldo, Mrs. Guy H., Jr.....R. 5, Brook Knoll
Wohlfeld, Mrs. J. B.....1224 15th St.
Woolery, Mrs. Richard H.....2020 Denson Ave.

Benham, Mrs. Lawrence E.....R. R. 2, Springville (47462)
Hammel, Mrs. Howard T.
R. R. # 2, Springville (47462)
Hamilton, Mrs. J. R.....703 Oak, Mitchell (47446)
Oswalt, Mrs. James T.
645 - 9th St., Mitchell (47446)

MARION COUNTY

Doran, Mrs. J. Hal
R. R. 2, Box 76 F, Brownsburg (46112)
James, Mrs. C. E.
R. R. # 2, Box 76G, Brownsburg (46112)
Link, Mrs. Goethe.....Box 84, Brooklyn (46111)
Foster, Mrs. Lee N.
R. R. 2, Box 428, Carmel (46032)
Hasewinkel, Mrs. Carroll W.
R. R. 2, Box 354, Carmel (46032)
Jones, Mrs. Richard A.
11626 Forest Dr. Carmel (46032)
Jontz, Mrs. Jon P.
11929 Forest Drive, Carmel (46032)
Karsell, Mrs. William A.....10518 Hussey Lane, Carmel (46032)
Klutinoty, Mrs. George
11108 Lake Shore E. Dr. Carmel (46032)
Kendall, Mrs. William R.....60 Wildwood Dr., Carmel (46032)
Lang, Mrs. Jay W.....R. R. 2, Box 303A, Carmel (46032)
Masbaum, Mrs. Ned P.
6 Rolling Springs Ct. Carmel (46032)
Permer, Mrs. Erwin....R. R. 1, Box 619-F, Carmel (46032)
Schaffer, Mrs. Edward V.....Box 614-A, R. R.1, Carmel (46032)
Seaman, Mrs. Charles F.
1919 Jackson Rd., Carmel (46032)
Stoelting, Mrs. Robert K.
11424 Dona Drive, Carmel (46032)
Thatcher, Mrs. Hugh K. Jr.
11318 Dona Dr. Carmel (46032)
Van Tassel, Jr., Mrs. C. J.
R.R. 2, Box 411G, Carmel (46032)
VanCampen, Mrs. Warren M.
11422 Lakeshore Dr. E. Carmel (46032)
Brown, Mrs. Earl S.
644 Brookview Dr., R.6, Greenwood (46142)
Cockrell, Mrs. D. Kete
785 Brookview Dr. Greenwood (46142)
Benson, Mrs. J. Thomas
R. R. 3, Lake Holiday, Crawfordsville (47965)

Indianapolis

(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank.....5318 N. Bosart (20)
Aldrich, Mrs. Harry D.....5805 Sherman Dr. (20)
Allen, Mrs. Robert K.....737 Sherwood Dr. (40)
Alley, Mrs. Thomas W...107 Kenwood Circle (60)
Alvis, Mrs. David.....740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O.....474 W. 92nd St. (60)
Antreasian, Mrs. Berj....5517 Far Hill Rd. (26)
Appel, Mrs. Richard H.....122 E. 61st St. (20)
Applegate, Mrs. Geo. W....9033 Buckeye Ct. (60)
Arbogast, Mrs. John L. 3933 Washington Blvd. (5)
Armer, Mrs. Robert M...4208 Cold Springs Rd. (8)
Arnold, Mrs. Robert D.....8007 E. 20th St. (19)

B

Bachmann, Mrs. Arnold J.....1615 Oles Drive (8)
Bader, Mrs. Joseph.....7007 N. Tuxedo (20)
Bakemeier, Mrs. Otto H..5535 E. St. Clair St. (19)
Balch, Mrs. James F., Jr.
1811 Hamilton Lane (80)
Ball, Mrs. Joseph E.....6612 E. Ninth St. (19)
Barnes, Mrs. Gilbert H...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W.
6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley..6001 Sunset Lane (8)
Bauer, Mrs. Thomas B...7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. ...4421 E. 75th (50)
Baxter, Mrs. John P. ..7247 Whitehall Dr. (26)
Beams, Mrs. Ronald N...7141 Keston Circle (56)
Beasley, Mrs. Thos. J.....715 E. 70th Place (20)
Beck, Mrs. Evart M.....6445 N. Olney St. (20)
Becker, Mrs. Harry G...5641 Haverford Ave. (20)

Beeler, Mrs. John W.....7974 N. Illinois St. (60)
Beering, Mrs. Steven C...1730 Brewster Rd. (60)
Belt, Mrs. James H.....8652 Emerald Lane (60)
Benages, Mrs. Anthony....2244 E. 58th St. (68)
Benedict, Mrs. Paul F.....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F.....8452 Green Braes, N. Dr. (34)
Benz, Mrs. James....7201 Sylvan Ridge Rd. (40)
Bhagwandin, Mrs. Harry O.
9205 E. Troy Ave. (39)
Bibler, Mrs. Lester D.
4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S...3322 Lincoln Court (8)
Blake, Mrs. Albert L.....6471 Knyghton Rd. (20)
Blankenbaker, Mrs. Ronald
5207 Washington Blvd. (20)
Blatt, Mrs. A. Ebner....5330 N. Illinois St. (8)
Boling, Mrs. Fred F.....3849 N. Tansel Rd. (34)
Boling, Mrs. Grover C., Jr.
5775 Brookwood Rd. (26)
Booth, Mrs. Boynton H...5735 Braewick Rd. (26)
Bowman, Mrs. George W.
5634 Carrollton Ave. (20)
Boyer, Mrs. Floyd A.....136 S. Wittfield St. (29)
Brady, Mrs. Thomas A., Jr.
225 Wellington Rd. (60)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brillhart, Mrs. James R..5156 Hawthorne Dr. (18)
Brodie, Mrs. Donald W.
10207 Indian Lake Blvd., N. Dr. (36)
Brogan, Mrs. Thomas M...9407 Maters Rd. (50)
Brooks, Mrs. Fred.....1660 Cunningham Dr. (24)
Brown, Mrs. David E....7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr.
4363 Coldspring Rd. (08)
Brown, Mrs. Earl R., Jr.
5450 Channing Rd. (26)
Brown, Mrs. Wendell E.....3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert
5280 Channing Rd. (26)
Burdette, Mrs. Harold....6310 Glencoe Dr. (60)

C

Cahn, Mrs Peter H.....7025 Hoover Road (60)
Campbell, Mrs. H. E., Jr.
7650 Spring Mill Rd. (60)
Campbell, Mrs. Richard W.
6834 Mohawk Lane (60)
Campbell, Mrs. Robert L.
8918 W. 82nd R. R. #16 (78)
Caputi, Mrs. Saverio..5115 N. Meridian St. (8)
Carter, Mrs. Charles B...8918 Coventry Rd. (60)
Carter, Mrs. James E.....8639 W. 65th St. (78)
Cates, Mrs. J. R.....421 Ashford Court (24)
Cattell, Mrs. Lee M.....5349 Hedgerow Dr. (26)
Chattin, Mrs. William R.
4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M...4403 Radnor Rd. (26)
Chivington, Mrs. Paul V., Jr.
3307 Kessler Blvd., E. Dr. (20)
Christie, Mrs. Marvin C.
3340 E. Loretta Drive (27)
Clark, Mrs. Geo. A.....620 Forest Blvd. (40)
Cline, Mrs. Donald L.
704 Braeside South Dr. (60)
Cobb, Mrs. Clarence M...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E.
6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn.....2235 E. Garfield Dr. (3)
Cortese, Mrs. James V.....6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr.,
5411 East 56th St. (26)
Cortese, Mrs. Thomas A., Sr.
3525 Payne Dr. (27)
Costin, Mrs. Robert L..8028 Morningside Dr. (40)
Countryman, Mrs. Frank W.
4615 Washington Blvd. (08)
Cronin, Mrs. H. Joseph
7843 Windcombe Blvd. (40)
Cumming, Mrs. James R...8121 N. Illinois St. (60)
Cure, Mrs. Charles W...414 W. Kessler Blvd. (08)
Currie, Mrs. Robert W.....512 E. 57th St. (20)
Curry, Mrs. R. Louis.....7250 N. Chester (40)

D

Daley, Mrs. Edward H.
5118 East Dickson Road (26)
Daly, Mrs. Walter J.....3309 Kenilworth Dr. (08)
Dallas, Mrs. F. R.....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W....1736 Winchester Dr. (27)
Daly, Mrs. Joseph M.....5969 Singleton Ave. (27)
Davidson, Mrs. Dale A.....25 E. 40th St. (05)
Davis, Mrs. Sam J.....230 W. 64th (60)
Deacon, Mrs. Walter Ellis..5037 Guion Rd. (54)
Deitch, Mrs. Robert D...1026 Pinewood Court (40)
Dearmin, Mrs. Robert M..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W.....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M.
2802 Lindbergh Dr. (27)
Dill, Mrs. Charles W.....4111 S. Sherman Dr. (27)
Dillon, Mrs. John F.....7489 N. Illinois (60)
Dolan, Mrs. Patrick A.....9038 Chestnut Ct. (60)
Donahue, Mrs. James....945 Spannwood Rd. (08)
Donato, Mrs. Albert M...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R...5258 Channing Ct. (26)
Douglas, Mrs. William T.
5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E...5835 N. Tacoma Ave. (20)
Dugan, Mrs. John R.....5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..7521 Mohawk Lane (60)
Dugan, Mrs. William M....5843 Brockton Dr. (20)
Dunkin, Mrs. Ramon S.....5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr.....120 Arden Dr. (20)
Dyar, Mrs. Robert W.....8161 Oakland Rd. (40)

E

Eastman, Mrs. Joseph R., Jr.
220 W. 64th St. (60)
Eaton, Mrs. Edwin R.
7334 Glenview, W. Dr. (50)
Eaton, Mrs. Lyman D.....10109 Hamilton Hills Lane (80)
Ebert, Mrs. J. Wayne....1125 Southview Dr. (27)
Echt, Mrs. Charles R.....8003 Hoover Rd. (60)
Egbert, Mrs. Herbert L....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O.
4401 N. Washington Blvd. (5)
Eldridge, Mrs. Gail E.....6377 Sunset Lane (60)
Ellis, Mrs. Bert E.....3910 E. 57th St. (20)
Ellis, Mrs. William N.....4908 E. 46th Street (26)
Emhardt, Mrs. John T.....3305 Brill Rd. (27)
Eskew, Mrs. Philip N. Jr.
3311 Van Tassel Dr. (40)
Evans, Mrs. Paul V...3715 E. Briarwood Dr. (40)

F

Fausset, Mrs. C. Basil
3016 Lake Shore Dr. #B (05)
Feeney, Mrs. Martin T...772 Brookview Dr. (42)
Ferrara, Mrs. Thomas A...5229 Leone Place (26)
Ferry, Mrs. Francis A...935 E. Southern Ave. (03)
Finneran, Mrs. Joseph C.....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan.....2515 Knollwood Dr. (8)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. 3305 Rutledge Dr. (8)

Flora, Mrs. Joseph O.....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.
5026 Allisonville Rd., #B (05)
Fortuna, Mrs. Frank....533 Mellowood Dr. (17)
Fouts, Mrs. Paul J.....8393 N. Illinois St. (60)
Freed, Mrs. Carl A.....4334 Springwood Trail (8)
French, Mrs. Richard N., Jr.
3025 Green Hills Lane, S. Dr. (22)
Fry, Mrs. Robert D.....6701 N. College, Apt. 505 (20)
Fulton, Mrs. William H.
1934 Remington Dr. (27)
Fundenberger, Mrs. Martin..4141 E. 62nd St. (20)
Funkhouser, Mrs. A. G.....2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H...20 Meridian Place (05)
Gammieri, Mrs. Robert..7458 Grandview Dr. (60)
Garber, Mrs. J. Neill..7036 N. Pennsylvania (20)
Garceau, Mrs. George J.....1164 Ivy Lane (20)
Gardiner, Mrs. Sprague H...330 W. 62nd St. (60)
Gardner, Mrs. Austin L.
7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman
530 Willow Spring Rd. (40)
Garner, Mrs. W. Stanley.....5850 White Oak Ct. (20)
Garrett, Mrs. Robert A....95 Wellington Rd. (60)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E...7085 N. Pennsylvania (20)
Gifford, Mrs. Fred E...5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F..4530 Berkshire Rd. (26)
Gillespie, Mrs. Jacob E.....8046 Morningside Dr. (40)
Girod, Mrs. Donald A.....6760 W. 79th St. (78)
Glover, Mrs. John L.....4124 Sunmeadow Lane (8)
Goldman, Mrs. Samuel....428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J.
4560 Crooked Creek Ridge Dr. (8)
Gosman, Mrs. James H.
4491 Washington Blvd. (05)
Graham, Mrs. John D...6315 Old Orchard Rd. (26)
Gray, Mrs. Howard R.....2625 Knollwood Dr. (8)
Grayson, Mrs. Ted L.....8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E.
2014 Winchester Dr. (27)
Gregory, Mrs. Robert L.
6655 E. Pleasant Run Pkwy, S. Dr. (19)
Grisell, Mrs. Ted W.....4541 Guilford Ave. (05)
Greist, Mrs. John H.
4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie.....3203 W. 57th St. (8)
Griffith, Mrs. Richard S.
2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L...5211 Brendon Ridge Rd. (26)
Grosz, Mrs. Hanus J.....7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale....3120 W. 51st St. (8)
Hackney, Mrs. Victor C...5262 Olympia Dr. (08)
Hadley, Mrs. David.5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B.
5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M.
8633 N. Pennsylvania St. (40)
Hall, Mrs. Jack H.....5960 Braewick Rd. (26)
Hamburger, Mrs. Richard J.
1209 Darby Lane (60)
Hamilton, Mrs. Howard B.
3425 Green Hills Overlook (22)
Hampshire, Mrs. Donald R.
7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ...5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A.....5009 W. 15th St. (24)
Harcourt, Mrs. Robert S...5500 E. 56th St. (26)
Harding, Mrs. M. Richard.5440 Channing Rd. (26)
Harger, Mrs. Robert W...46 West 52nd Street (8)
Haslinger, Mrs. Clarence J.
2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W...5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A.....7328 Huntington Rd. (40)
Hawk, Mrs. James H.....26 W. Laverock Rd. (08)
Haymond, Mrs. Joseph L.
2745 Crescent Hill Lane (08)
Haynes, Mrs. John T.....4139 Juniper Ct. (50)
Hays, Mrs. Everett L.....2607 Manker Ave. (3)
Healey, Mrs. Robert J.
5559 Washington Blvd. (20)
Hedrick, Mrs. Philip W.....9232 N. Delaware (40)
Heimburger, Mrs. Robert F.
4462 Central Ave. (05)
Helmen, Mrs. Charles H.....5269 Roland Dr. (08)
Helmer, Mrs. O. M.....5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M.....7241 Merriam Rd. (20)
Heubi, Mrs. John E.....6904 Park Ave. (20)
Hibbeln, Mrs. Fred P.....8360 Washington Blvd. (40)
Hibbeln, Mrs. Thomas J.....1112 Oakwood Trail (60)
Hill, Mrs. Herbert..4422 Melbourne, W. Dr. (8)
Hill, Mrs. James K.....2507 Bluffwood Dr. (8)
Himelstein, Mrs. N. Harvey
5250 Olympia Dr. (8)
Hogan, Mrs. Michael A.
7330 Steinmeier Dr. (50)
Holland, Mrs. William M.
5244 N. Pennsylvania (20)
Holman, Mrs. Jerome E., Jr.
5930 Central Ave. (20)
Hood, Mrs. Ainslee A...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce.....1910 E. 109th (80)
Howell, Mrs. Joseph D.....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L...5725 Hunterglen Rd. (26)
Hull, Mrs. Ronald H.....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D.
4045 Clarendon Rd. (8)
Hunter, Mrs. Charles A.....5218 Nob Lane (26)
Hurteau, Mrs. William W...201 West 75th St. (60)
Huse, Mrs. William Murray
7402 Hazelwood (60)
Hurwitz, Mrs. Roger..9079 Dewberry Court (60)

I-J

Irwin, Mrs. Glenn W., Jr. 8025 N. Illinois St. (60)
Iske, Mrs. Paul G.....818 E. 79th St. (40)
Jesseph, Mrs. John E.
5230 N. Meridian St. (08)
Jewett, Mrs. Joe H.....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H.....1831 E. 61st St. (20)
Jobes, Mrs. J. E.....4265 Knollton Rd. (08)
Johnson, Mrs. A. Cedric, Jr.
4550 Melbourne Rd. (8)
Johnson, Mrs. Earl H...4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W.....351 W. 63rd St. (60)
Johnson, Mrs. Wayne L...3760 Briarwood Dr. (40)
Jones, Mrs. David E...5433 Hawthorne Dr. (26)
Jones, Mrs. George..8933 Southeastern Ave. (39)
(Wanamaker)
Joseph, Mrs. Rex M.....620 Hickory Lane (27)
Jowitt, Mrs. Richard H.
5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L.....5505 Far Hill Rd. (26)

K

Kahn. Mrs. Howard L.....321 W. 62nd (60)
Kaiser, Mrs. James L.....4909 N. Meridian (08)
Kammen, Mrs. Leo.....7030 Central Ave. (20)

Katterjohn, Mrs. James C.
9035 Pickwick Dr. (60)
Keenan, Mrs. George B.
2015 E. Thompson Rd. (27)
Kendrick, Mrs. Wm. M...735 Round Hill Rd. (60)
Kennedy, Mrs. Hunter F....5790 E. Michigan (19)
Kennedy, Mrs. Joseph T.
5316 Brendonridge Rd. (26)
Kerner, Mrs. Donald J....7431 Orinoco Ave. (27)
Kerr, Mrs. Harry R...5774 Washington Blvd. (20)
Kiefer, Mrs. C. Raymond
3241 N. Alton Apt. A (22)
Kim, Mrs. Kilchol.....5960 Lieber Rd. (08)
King, Mrs. Harold K...5430 Channing Rd. (26)
King, Mrs. Leroy H. Jr...7236 N. Lesley Ave. (50)
Kirkhoff, Mrs. Paul J...5214 Laurel Hall Dr. (26)
Kissel, Mrs. Wesley A...3721 Briarwood Dr. (40)
Kitterman, Mrs. Harry E.
5108 Graceland Ave. (08)
Klain, Mrs. Benjamin V.
830 Park Central (60)
Kleit, Mrs. Stuart A.....9016 Buckthorne Ct. (40)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G...645 E. 80th St. (40)
Kooiker, Mrs. John E.....1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr.
5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H...6201 College Ave. (20)
Kurlander, Mrs. Gerald J...433 Woodmere Dr. (60)
Kurtz, Mrs. Philip L.....296 W. 73rd St. (60)
Kurtz, Mrs. Richard..7570 Morningside Dr. (40)
Kwitny, Mrs. I. J.....5504 Rue Marceau (20)

L

LaDine, Mrs. Clarence B...5417 N. Meridian (8)
Lamb, Mrs. Emmett B...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W....4636 N. Capitol Ave. (8)
Lamkin, Mrs. E. Henry, Jr.....41 E. 54th St. (20)
Lasich, Mrs. Anthony R....5320 Channing Rd. (26)
Lawrence, Mrs. James M....4548 Manning Rd. (8)
Leasure, Mrs. J. Kent....5823 Brockton Dr. Apt. 3 (20)
Leffler, Mrs. Wm. T.....250 E. 70th St. (20)
Lehman, Mrs. Evan L.
5051 Buttonwood Crescent (08)
LeMaster, Mrs. Theodore R.
5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U.....5434 Ashurst St. (20)
Levi, Mrs. Leon....6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S.....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J...5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin
8520 Canterbury Sq. East Apt. A. (60)
Liebschutz, Mrs. Norman H.
6739 Woodmere Ct. (60)
Lindenborg, Mrs. Paul G.
6431 Creekside Lane (26)
Lindseth, Mrs. Richard E...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E.
4235 N. Pennsylvania (5)
Lord, Mrs. Glenn C.....7437 Holliday Dr. W. (60)
Lord, Mrs. Thomas J.....55 E. 70th St. (20)
Lo Sasso, Mrs. Alvin M..4742 Bluffwood Dr. (08)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C.....5405 Roxbury Rd. (26)
Luginbill, Mrs. Howard
5736 Brendon Forest Dr. (26)
Lukemeyer, Mrs. George T.
8395 N. Illinois (60)
Lunsford, Mrs. Thomas E.....215 E. 71st St. (20)
Luros, Mrs. J. Theodore....156 Fairway Dr. (60)
Lynn, Mrs. Gene.....5307 Channing Rd. (26)

M

McAree, Mrs. Francis E.
5521 Overbrook Circle (26)
McBride Mrs. James S.....720 E. 80th St. (40)
McCallum, Mrs. Donald C...5610 E. 56th St. (26)
McCallum, Mrs. Robert N...1151 Pimbury Ct. (60)
McCartney, Mrs. Donald H. 410 East 56th St. (20)
McClain, Mrs. Edwin S.....416 W. 77th St. (60)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C.....6362 Breamore Rd. (20)
McDougal, Mrs. Robert A.
5339 Hedgerow Dr. (26)
McElroy, Mrs. J. Thomas....1635 Nashua Ct. (60)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M.
7360 Hazelwood Ave. (60)
McNutt, Mrs. Cyrus C...8639 Lancaster Rd. (60)
McQuiston, Mrs. Ralph J...6120 Lawrence Dr. (26)
Mackey, Mrs. John E.....940 W. 58th St. (8)
Madden, Mrs. Robert J.....1420 Audubon Rd. (19)
Malloy, Mrs. Francis E. Jr.
7050 Kingswood Circle (56)
Mandelbaum, Mrs. Isidore
803 Springmill Lane (60)
Manion, Mrs. Marlow W.
5132 N. New Jersey St. (5)
Manning, Mrs. Randolph....202 E. 75th St. (40)
Marks, Mrs. John S., Jr.
6848 N. Pennsylvania (20)
Marshall, Mrs. Albert L., Jr.
5960 Carvel Ave. (20)
Marshall, Mrs. Cavins R...4103 N. Illinois St. (08)
Martz, Mrs. Carl D.....7926 Hawthorne Ct. (26)
Masters, Mrs. John M.....34 E. 46th St. (5)
Masters, Mrs. Robert J.....330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh
4942 Allisonville Rd. (20)
Matthews, Mrs. B. J.....966 North Graham (19)
Matthews, Mrs. William M.
5215 Knob Lane (26)
Maxam, Mrs. Beverly T. 6220 Sunset Lane (60)
Mealey, Mrs. John, Jr.....7647 Washington Blvd. (40)
Mertz, Mrs. John H. O.
4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E.....5208 Roland Dr. (8)
Middleton, Mrs. H. N...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A.....1430 Brewster Rd. (60)
Miller, Mrs. Jerry R...7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H...5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E.....7400 W. 88th St. (78)
Mitchell, Mrs. Earl N.
1222 N. Irvington Ave. (19)
Moe, Mrs. John F.....4360 Swanson Dr. (08)
Moore, Mrs. Donald F. 1315 West 10th Street (7)
Moore, Mrs. Harold T...5802 Allisonville Rd. (20)
Moore, Mrs. Thomas S.....9020 Wickham Rd. (60)
Moriarty, Mrs. John.....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II
5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L.....3272 W. 42nd St. (8)
Morton, Mrs. Philip M.....4475 Sylvan Road (08)
Moss, Mrs. H. C.
4802 North Washington Blvd. (5)
Mouser, Mrs. Robert W...5545 N. Meridian St. (8)
Muller, Mrs. Lullus P.
5675 Washington Blvd. (20)
Murray, Mrs. Raymond H.
2522 Blue Grass Dr. (08)

N

Nagan, Mrs. Robert F.....555 Somerset Dr. (60)
Nation, Mrs. Robert D.
1101 Kessler Blvd., W. Dr. (08)
Nay, Mrs. Richard M...6625 N. Sherman Dr. (20)
Need, Mrs. David J.....530 Phaeton Pl. (27)
Need, Mrs. Louis T.....3627 Bluff Rd. (17)

Need, Mrs. R. L.....3905 Byrd Dr. (27)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M.....8080 N. Illinois (60)
Nie, Mrs. Louis W...3525 Delaware Commons (20)
Nohl, Mrs. John M.....5410 Eastridge Dr. (19)
Norris, Mrs. Max S.....8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H.
8064 Morningside Dr. (40)
Nugent, Mrs. Edwin J.....6840 N. Delaware (20)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Olvey, Mrs. Ottis N.....5428 Central Ave. (20)
Otten, Mrs. Claude F..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr.
8333 N. Illinois St. (60)
Owen, Mrs. John E.....4429 N. Illinois St. (8)

P

Page, Mrs. Oliver.....4270 Knollton Rd. (08)
Pantzer, Mrs. John G., Jr.....100 Gregg Rd. (60)
Parks, Mrs. Herbert E.
5533 Overbrook Circle (26)
Parr, Mrs. Robert L.....4407 Dickson Rd. (26)
Paulissen, Mrs. George T...741 E. Markwood (27)
Pauszek, Mrs. Robert B.
6815 Creekside Lane (20)
Paynter, Mrs. Morris B...115 Roberts Rd. (17)
Peck, Mrs. Franklin B., Jr.
8181 Lincoln Blvd. (40)
Peirce, Mrs. James D.
5027 Washington Blvd. (5)
Perez, Mrs. H. C.....8254 Shadow Circle (60)
Peters, Mrs. Robert J. D.
3203 E. Michigan St. (1)
Pickett, Mrs. Robert D.
5615-B Roxbury Terrace (26)
Pierce, Mrs. Emmett....1034 N. Bolton Ave. (19)
Pile, Mrs. Stafford, W., Jr...8109 Bramwood Court
Pittman, Mrs. John N.....201 W. 106th St. (90)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, East Dr. (20)
Popplewell, Mrs. Arvine G.
141 E. Southport Rd. (27)
Powell, Mrs. Richard C...5359 Hedgerow Dr. (26)
Price, Mrs. David....5321 Broadmoor Plaza (08)
Price, Mrs. Francis W.
550 East Edgewood Ave. (27)
Price, Mrs. James O.....Park Hoover Village
6433 Park Central Dr. (60)
Pryor, Mrs. Richard C...4730 Cranbrook Dr. (50)

R

Raber, Mrs. Robert M.....265 Williams Ct. (60)
Rader, Mrs. George S.....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D...2157 Wilshire Road (8)
Ramage, Mrs. Walter F.
5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B.....1401 W. 52nd St. (8)
Rapp, Mrs. George F.....650 E. 80th St. (40)
Rawls, Mrs. George H.....4226 N. Illinois (08)
Reed, Mrs. Thomas E.....5417 Roxbury Rd. (26)
Rees, Mrs. Russel C..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A.....6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A.....5250 Roland Dr. (8)
Rice, Mrs. Frederic A.....5802 E. 46th St. (26)
Rice, Mrs. Raymond D.....722 Pine Dr. (60)
Rice, Mrs. Raymond M.
7799 E. Holliday Drive (60)
Rich, Mrs. Richard.....5236 Hedgerow Dr. (26)
Robb, Mrs. John A...5151 N. Pennsylvania St. (5)
Robbins, Mrs. Lewis C...5838 Carollton Ave. (20)
Rochlin, Mrs. I.....212 E. 71st St. (20)
Roesch, Mrs. Ryland....5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L.
2618 Bluffwood Dr., W. (8)
Romberger, Mrs. Floyd T., Jr..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D.
5254 N. Delaware St. (20)
Rosenberg, Mrs. Gabriel J.
840 Spring Mill Lane (60)
Ross, Mrs. Alexander T. 6050 Knyghton Rd. (20)
Ruddell, Mrs. Keith R..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. 5311 N. Pennsylvania (20)
Ruth, Mrs. Martin L.....7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V.....3433 W. 46th St. (05)

S

Sage, Mrs. Russell A...7531 Morningside Dr. (40)
Sanders, Mrs. Fred....6154 Forest View Dr. (08)
Sato, Mrs. Takuya....4475 Clover Lake Dr. (08)
Schechter, Mrs. John S...6333 Glen Coe Dr. (60)
Schlegel, Mrs. Donald M....3944 Cranbrook (40)
Schmalhausen, Mrs. A. N.
6227 Hillcrest Lane (20)
Schneider, Mrs. Carl J..4819 Round Lake Rd. (05)
Schneider, Mrs. Paul A.....5718 Roxbury Ct. (26)
Schnute, Mrs. Richard....752 Round Hill Rd. (60)
Schroeder, Mrs. James E...7152 Johnson Rd. (50)
Schuchman, Mrs. Gabriel..5944 Central Ave. (20)
Schuster, Mrs. Dwight.4503 Washington Blvd. (5)
Scofield, Mrs. John B.....9014 Pickwick (60)
Searight, Mrs. John L.....5830 University (19)
Sedam, Mrs. Herbert L. 4819 Millersville Rd. (26)
Sellmer, Mrs. George.....8760 Driftwood (40)
Sexson, Mrs. Hiram T...5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. 6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. 525 Woodmere Dr. (60)
Shipley, Mrs. Edward C...5504 Hawthorne Dr. (26)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W.....607 E. 82nd (40)
Siderys, Mrs. Harry.....9015 Kirkham Ct. (60)
Sigmond, Mrs. Harvey.....5548 N. Meridian (08)
Silver, Mrs. Richard
1114 Frederick Dr. South (60)
Sims, Mrs. J. Lawrence....3723 N. Gale St. (18)
Sluss, Mrs. David.....3657 Washington Blvd. (5)
Smith, Mrs. David E.....7141 Moorgate Rd. (50)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Roy Lee..1427 West Stop 11 Rd. (17)
Sobat, Mrs. William..1609 North Brooke Dr. (60)
Soper, Mrs. Hunter A.
5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W.....8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L.
5466 N. Pennsylvania St. (20)
Spears, Mrs. John M.....6910 Shelby (27)
Sputh, Mrs. Carl B., Jr.
5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E.....5610 E. 16th St. (18)
Stegner, Mrs. B. L.....5241 Marott Court (26)
Stephens, Mrs. Donald E.....5555 Broadway (20)
Stoelting, Mrs. V. K.....4706 Laurel Circle (26)
Stogsdill, Mrs. Willis W.....2242 Rome Dr. (08)
Stone, Mrs. Alvin T.....6295 N. Tuxedo (20)
Stone, Mrs. David.....5453 Ashurst (20)
Storer, Mrs. William R.
6360 Around the Hills Rd. (26)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B.....5041 Central Ave. (5)

Stouder, Mrs. Stephen R...4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C.....7760 Cree Trail (50)
Streeter, Mrs. Ralph T.....5265 N. Meridian (8)
Strickland, Mrs. James W..6969 Warwick Rd. (20)
Stucky, Mrs. Elsworth K.
4528 N. Meridian St. (8)
Suelzer, Mrs. John.....4538 Sylvan Rd. (8)
Sutton, Mrs. William E.
5827 Brockton Drive, Apt. 2 (20)
Swan, Mrs. John R.....320 Arden Dr. (20)
Symmes, Mrs. Alfred T.....6445 N. Illinois (60)
Szynal, Mrs. John S....4705 Andover Square (26)

T

Talbott, Mrs. Dan E..6470 N. Michigan Rd. (68)
Taylor, Mrs. Clifford C.
3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W.....40 E. 43rd St. (5)
Taylor, Mrs. Willis D.....710 E. 73rd St. (40)
Teague, Mrs. Frank W.....555 W. Pine Dr. (60)
Tether, Mrs. J. Edward.....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G.....6161 Sunset Lane (8)
Thoman, Mrs. Rex L.....7338 N. Chester (40)
Thomas, Mrs. E. P.
1520 Thomas-Wood Trail (60)
Thomas, Mrs. Fred A.....5827 Broadway (20)
Thomas, Mrs. Lowell I.....28 W. Hampton Dr. (8)
Thomas, Mrs. Michael....2110 Winton Ave. (24)
Thomas, Mrs. Morris E.
6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D.
6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne.6519 Creekside Lane (20)
Throop, Mrs. Frank B....5100 Lancelot Dr. (08)
Tinsley, Mrs. Walter B., Jr.
8432 West 85th St. (78)
Tinsley, Mrs. Walter B., Sr. 5638 Broadway (20)
Tondra, Mrs. John M.....4511 Broadway (5)
Tord, Mrs. Jose N.....8140 Taunton Road (60)
Torrella, Mrs. Jose A.....5721 W. 18th St. (24)
Townley, Mrs. Normand T.
6211 Harbridge Rd. (20)
Trudgen, Mrs. Spencer F.....9085 Pickwick (60)
Trusler, Mrs. H. Marshall
8750 Coventry Road (60)
Tuchman, Mrs. Joseph H.
8515 Spring View Dr. (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)

U-V

Ullom, Mrs. Ralph.....520 Wayside Dr. (60)
Van Meter, Mrs. C. Powell
4720 Round Lake Rd. Apt. C (05)
Vollrath, Mrs. Victor J.
7980 N. Pennsylvania St. (40)
Vore, Mrs. Robert E.....5350 Marmon Circle (26)

W

Wahle, Mrs. William M...1710 Brewster Rd. (60)
Waife, Mrs. S. O.....8140 N. Illinois St. (60)
Wainscott, Mrs. Clinton S.
5332 Channing Road (26)
Waldo, Mrs. J. Thayer.....420 W. 64th St. (60)
Walther, Mrs. Joseph E.
4266 N. Pennsylvania St. (5)
Walton, Mrs. William M.
8007 N. Illinois St. (60)
Warneke, Mrs. Charles.....6115 Spring Mill Rd. (08)
Warriner, Mrs. James B...990 N. Bolton Ave. (19)
Warvel, Mrs. John H.....1101 W. 91st St. (60)
Webb, Mrs. Michael K...3902 Eisenhower Dr. (54)
Weller, Mrs. C. A...3954 N. Adams, Apt. 395 (05)
West, Mrs. Joseph L.....355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E.
6100 Old Shelbyville Rd. (27)
Wheeler, Mrs. Edward C.....221 Pine Dr. (60)
White, Mrs. Donald J..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B.....5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Harold.5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Williams, Mrs. Hugh L...6231 Knyghton Rd. (20)
Winters, Mrs. Peter Lee
5261 N. Pennsylvania (20)
Wirey, Mrs. Harold R...4906 S. Sherman Dr. (27)
Wise, Mrs. William R...4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N. Jr.
25 E. 40th St. 7B (05)
Wolfram, Mrs. Don J.
5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E...6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R..5751 Central Ave. (20)
Wrege, Mrs. Malcolm..5411 Shorewood Dr. (20)
Wright, Mrs. J. Wm., Jr.
4220 Knollton Rd. (8)
Wunsch, Mrs. Charles M.
6941 Washington Blvd. (20)
Wyttenbach, Mrs. John E..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L.
5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J..5322 Hedgerow Dr. (26)
Young, Mrs. John M.
4535 Marcy Lane, No. 261 (5)
Zell, Mrs. Evertson H...4747 Millersville Rd. (26)
Zerfas, Mrs. Charles.....11702 Maze Rd. (59)
Zimmer, Mrs. John F.....8309 Nashua Dr. (60)
Zook, Mrs. Elvin G....1136 Frederick Dr. S. (60)

Baptisti, Mrs. Arthur
R. R. # 3, Box 93, Nashville, In 47448
Davidson, N. Cort
R. R. # 2, Zionsville, In. 46077
Kalsbeck, Mrs. John E...R. R. 2, Box 168, Zionsville (46077)
Miller, Mrs. John D...R. R. 1, Box 176, Zionsville (46077)
Myers, Mrs. Roy V.....7710 Beta Circle, West Palm Beach, Fla. (33406)
Ridolfo, Mrs. Anthony S.
R. R. # 1, Zionsville, In (77)

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N...R. R. 2, Argos (46501)
Bowen, Mrs. Otis R...304 N. Center St., Bremen (46506)
Burket, Mrs. Cecil R.....121 E. Grant St., Bremen (46506)
Stine, Mrs. Marshall.420 Shumaker Dr., Bremen (46506)

Plymouth

(*Zip Code* 46563)

Coursey, Mrs. James.....R. R. # 2
DeJesus, Mrs. Jose.....R. R. # 5
France, Mrs. Lloyd C.....R. R. 2
Guild, Mrs. Kent.....R. R. 5
Rimel, Mrs. James F.....909 Bayless
Robertson, Mrs. James S.....1081 Highland Ct.

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Cooksey, Mrs. Thomas L.....205 Marshall
Eggers, Mrs. Richard.....203 West St.
Haller, Mrs. Thomas C.....38 Delmar Dr.
Howland, Mrs. Carl B.....R. R. 1
Humphreys, Mrs. John W.....1309 Durham Dr.
Kindell, Mrs. Hurschell.....R. 4
Kirtley, Mrs. James M.....615 Thornwood Rd.
Ludwig, Mrs. Paul E.....1 Locust Hill
Peacock, Mrs. Norman F.....111 Wallace Ave.
Richards, Mrs. Edgar E.....Danville Rd., R. R.
Shannon, Mrs. Wesley E.....6 Locust Hill Dr.
Stephens, Mrs. James P.....1407 Durham Dr.
Viray, Mrs. V. G.....804 North St.

Blix, Mrs. Fred.....Ladoga (47954)
Rusk, Mrs. Hubert M.....Box 36, Wallace (47988)
Thompson, Mrs. Claude.....Waynetown (47990)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Mrs. Robert.....789 Valley Drive
Drake, Mrs. Ellery T.....Box 110
Eisenberg, Mrs. David.....Box 310, Sunnyside Dr.
Gray, Mrs. Leon.....589 Valley Drive N.
Mershon, Mrs. Jack Bell.....790 Valley Drive
Miller, Mrs. Ray D.....R. R. # 6 - Box 67
Miller, Mrs. Robert J.....R. R. 3, Box 180
Ostheimer, Mrs. George.....340 E. Cunningham
Turner, Mrs. Maurice A.....490 East Pike St.
Van Wienen, Mrs. John.....439 N. Jefferson
Willan, Mrs. Horace R.....109 S. Jefferson
Winter, Mrs. William.....415 N. Jefferson

Mooresville

(*Zip Code* 46158)

Bivin, Mrs. James H.....1010 N. Indiana St.
Comer, Mrs. Charles W.....R. R. 2
Comer, Mrs. Kenneth E.....R. R. 2, Box 276

Wilson, Mrs. Oliver R.
Box 65, R. R. 3, Morgantown (46160)

NOBLE-LaGRANGE COUNTIES

Taylor, Mrs. Reed M.....Howe (46746)
Willard, Mrs. Richard D.....Howe, In 46746
Greenlee, Mrs. Joseph A., Jr.
439 Water St., Kendallville (46755)
Gutstein, Mrs. Richard R.
120 Diamond, Kendallville (46755)
Messer, Mrs. Frank W.
328 S. Oak St., Kendallville (46755)
Seybert, Mrs. Joseph D.
117 S. Riley, Kendallville (46755)
Slough, Mrs. Richard B.....111 S. Park Ave., Kendallville (46755)
Stallman, Mrs. Carl F...Sunset Shores, R. R. # 3 Kendallville (46755)
Williams, Mrs. H. O.
735 Mitchell St., Kendallville (46755)
Mattox, Mrs. Dean L.
R. R. 1, Box 105, LaGrange, In 46761
Mellinger, Mrs. Michael O.
Oliver Lake, A39, LaGrange (46761)
Studebaker, Mrs. Lloyd R.....325 W. Spring St., LaGrange (46761)
Hooker, Mrs. Donald J.....3 Hawthorne Dr., Ligonier (46767)
Stone, Mrs. Robert C...Ravine Park Dr., Ligonier (46767)
Stultz, Mrs. Quentin F.....406 S. Main St., Ligonier (46767)
Colligan, Mrs. Francis X.....P.O. Box 327, Topeka (46571)
Lehman, Mrs. Kenneth M.....P.O. Box 128, Topeka (46571)
Martin, Mrs. Allen S.....R. R. 2, Shipshewanna (46565)
Fipp, Mrs. A. L.....Rome City (46784)

PARKE-VERMILLION COUNTIES

Clinton

(*Zip Code* 47842)

Evans, Mrs. Fred J.....R. R. 1
Herzberg, Mrs. Milton.....545 S. Fourth St.
Montecillo, Mrs. Antolin.....1201 South Main St.
Somerville, Mrs. John W...P. O. Box 264, R. R. 2

Webb, Mrs. L. C.....Dana (47847)

Rockville

(*Zip Code* 47872)

Bloomer, Mrs. Richard S.....502 W. York St.
Swaim, Mrs. J. Franklin
102 Eastwood Dr., Rockville

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton (47520)
Snyder, Mrs. Earl.....Troy (47588)

Tell City

(*Zip Code* 47586)

Lally, Mrs. Bernard.....635 - 10th St.
Lohoff, Mrs. Lewis C.....425 10th St.
Neifert, Mrs. Noel L.....1118 Blum St.
Ress, Mrs. Gene E.....1540 13th St.
Smith, Mrs. Fred, Jr.....Smith Hill
Ward, Mrs. Robert A.....507 Main St.

PUTNAM COUNTY

Veach, Mrs. Richard L.....Bainbridge (46105)
Viera, Mrs. J. Thomas.....R. R. 2, Coatesville (46121)

Greencastle

(*Zip Code* 46135)

Dettloff, Mrs. Frederick R.....306 Highfall Ave.
Glock, Mrs. Hugh.....Albin Pond Rd.
Haggerty, Mrs. Fred.....319 Highfall
Hannon, Mrs. Edward J.....409 Melrose Ave.
Johnson, Mrs. James B.....314 Highfall Ave.
Lett, Mrs. James.....335 Greenwood
Roof, Mrs. Roger.....713 Highridge
Schauwecker, Mrs. Cleon M.....R. R. 3
Steele, Mrs. Dick J.....207 Northwood Blvd.
Thompson, Mrs. Edward J.....U.S. 40

RUSH COUNTY

McNabb, Mrs. George B.....Carthage (46115)
McNabb, Mrs. Richard.....Carthage 46115
Worth, Mrs. C. Willard.....Milroy (46156)

Rushville

(*Zip Code* 46173)

Corpe, Mrs. Kenneth F.....R. R. 4
Ellis, Mrs. Davis W.....1102 Sugar Hill Dr.

Green, Mrs. Frank H.....516 N. Morgan
McKee, Mrs. Harry G.....1109 N. Arthur St.
McKee, Mrs. Harry.....1110 N. Morgan St.
Norris, Mrs. Marvin.....1107 N. Main St.
Shanks, Mrs. Roy E.....1212 N. Morgan St.

Atkins, Mrs. C. C.....R. R. 6, Greensburg (47240)
Ballard, Mrs. Mary K.
R. R. 1, Box 70, Shelbyville 46176

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick.....17198 Linda St., Granger (46530)
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty (46554)

Mishawaka

(*Zip Code* 46544)

Barone, Mrs. C. V.....59053 Bremen Highway
Bogan, Mrs. Wm. C.....15641 Robin Lane
Brechtl, Mrs. Harvey J.....54757 Merrifield
Chamberlain, Mrs. Donald S...54712 Merrifield Dr.
Custer, Mrs. Edward W.....427 White Oak Dr.
Gabriel, Mrs. Magdi.....16529 Baintree Way, Winding Brook
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Gerig, Mrs. E. Lavern.....713 W. 11th St
Orr, Mrs. W. Robert.....12388 E. Jefferson Rd.
Phelps, Mrs. Stephen R.
15655 Winding Brook Dr.
Reed, Mrs. Robert.....903 Homewood
Roberts, Mrs. Billy J.....15605 Hearthstone Dr.
Rosenwasser, Mrs. Jacob.....834 Lincoln Way E.
Schaphorst, Mrs. Richard A...514 Lincoln Way E.
Spalding, Mrs. David L.....926 Wilson Blvd.
Spalding, Mrs. Wendell L.....60100 S. Fir Rd.
Stringer, Mrs. D. D.....1035 Lincoln Way E.
Templeton, Mrs. Ames R.....516 Clay
Tirman, Mrs. W. S.....15640 Winding Brook Dr.
Walerko, Mrs. Frank.....15595 Carriage Lane
Walters, Mrs. Charles E.....16166 Ireland Rd.
Whitlock, Mrs. Merle E.....2118 Linden
Wind, Mrs. Joseph.....54652 Winding Brook

South Bend

(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B...103 S. Ironwood Dr. (15)

B

Backs, Mrs. Alton J...1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L..61397 S. Miami Rd. (14)
Beach, Mrs. Norman.....1617 Inwood Rd. (14)
Bechtold, Mrs. Samuel E.
17545 Juday Lake Dr. North (35)
Bell, Mrs. H. D.....1357 E. Champeau St. (17)
Bennett, Mrs. Jene R..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A.....19585 Glendale Rd. (37)
Bickel, Mrs. David A...1335 E. Wayne St. N. (15)
Birmingham, Mrs. P. J... 61490 Meadowlark Lane (14)
Bodnar, Mrs. Leslie M.....1843 Portage Ave. (16)
Booth, Mrs. F. M.....531 Edgewater Dr. (18)
Borough, Mrs. Lester D...816 Woodside Ave. (14)
Buechner, Mrs. Fred W.
1111 Sunnymede Ave. (15)
Butts, Mrs. Milton A.....744 N. Jacobs St. (17)
Byler, Mrs. John J.....124 N. Holiday Drive (15)

C

Cassady, Mrs. John R....2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal....2216 E. Madison (15)
Chamblee, Mrs. Roland W.....53287 Ironwood Rd. (35)
Clark, Mrs. William H.....1227 Garland Rd. (14)
Colip, Mrs. George D.....260 David St. (37)
Cook, Mrs. Gordon C...1620 Southwood Ave. (15)
Cox, Mrs. Alfred C.....17430 Darden Rd. (35)

D

Davis, Mrs. Edward A.....52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H.....1515 E. Colfax Ave. (17)
Dietl, Mrs. Ernest L...3318 Springbrook Dr. (14)
Dingley, Mrs. Albert, Jr.....1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D.....1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J....425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F...727 No. Shore Dr. (17)
Dunlap, Mrs. D. Logan....123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles
1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L.....944 Riverside Dr. (16)
Engel, Mrs. Howard R..1845 Ridgewood Circle (17)
English, Mrs. J. Paul.3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter....3012 Robinhood Lane (14)
Erickson, Mrs. Lester G....1212 E. Woodside (14)

F

Farner, Mrs. James E.....3001 Buckingham (14)
Fawcett, Mrs. Kenneth..1944 Malvern Way (14)
Feferman, Mrs. Martin E..125 S. Esther St. (17)
Feldman, Mrs. Max.....1310 E. Fairview (14)
Filipek, Mrs. Walter J.....52710 Brooktrail Dr. (37)
Firestein, Mrs. Ben Z...125 W. Marion St. (01)
Firestein, Mrs. Ray....502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C.....19054 Summers Dr. (37)
Foley, Mrs. Hansel.....313 E. Pendle St. (37)
Forrest, Mrs. O. Norman..1138 E. Wayne St. (17)
Frank, Mrs. Herbert....2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L. Jr...1750 North Wilber St. (16)
Friedman, Mrs. Morris S...1617 E. Jefferson Blvd. (17)

G

Gaffney, Mrs. Raymond.....6227 Regent Ct. (14)
Galup, Mrs. Luis N.....3619 Hays Ct. (14)
Ganser, Mrs. Ralph.....101 N. Conestoga (15)
Gates, Mrs. George E.....1611 South Brook Dr. (14)
Graf, Mrs. John P.....53260 Placid Dr. (37)
Green, Mrs. G. Richard..1515 E. Wayne St. (15)
Green, Mrs. George F.....754 Country Club Lane (15)
Green, Mrs. Norval E..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M.
1131 E. Jefferson Blvd. (17)
Hamilton, Mrs. Charles O.
1418 E. Washington Ave. (17)
Harding, Mrs. John S...3533 Springbrook Dr. (14)
Harris, Mrs. C. Glenn....53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K...820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E.....17280 Parker Ave. (35)
Helmer, Mrs. John..315 W. North Shore Dr. (17)
Heyde, Mrs. Edward L...60736 Gotham Dr. 46614
Hildebrand, Mrs. J. O.....3002 Robinhood Lane (14)
Hill, Mrs. Wallace C.....248 S. Hawthorne (17)
Holloway, Mrs. Richard J.....18799 Arapaho (37)
Holtzman, Mrs. Norman...1621 Hoover Ave. (15)
Horvath, Mrs. George A.
18825 Cherokee Lane (37)
Hyde, Mrs. Carroll C.....1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B...2230 Ribourde (28)

Kamm, Mrs. Bernard A..125 W. Marion St. (01)
Karn, Mrs. John W.....1535 Wall St. (15)
Krizman, Mrs. David.....1226 Portage Ave. (14)
Krueger, Mrs. John E...1146 Dunrobbin Lane (14)
Kuhn, Mrs. Frederick L....1725 Inwood Rd. (14)

L

Lamb, Mrs. J. Leonard
1321 E. Wayne South (17)
Lane, Mrs. William.....1336 N. Stanfield (17)
Leipold, Mrs. John D.....17673 Darden Rd. (35)
Lester, Mrs. Vern L.....1538 Southbrook (14)
Levatin, Mrs. Bernard I..1814 Churchill Dr. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C.....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B...1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred....17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K.....930 Simon Court (15)
Macri, Mrs. Paul A.....2012 E. Cedar (17)
Magnuson, Mrs. Charles W.
1148 Ridgedale (14)
Mahank, Mrs. Camiel C.
747 Country Club Lane (15)
Marquis, Mrs. Gordon.....329 Wakewa (17)
Martin, Mrs. Charles....1438 Ridgedale Rd. (14)
Martinov, Mrs. William E.....1421 Wall St. (15)
Mason, Mrs. Bernard A.....2719 Marine St. (14)
Mauzy, Mrs. Merritt C.....1403 E. Jefferson (17)
McCraley, Mrs. William J.....1737 Belmont Ave. (15)
McQuade, Mrs. John....52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E.
101 S. Conestoga Lane (17)
Mott, Mrs. C. A.....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M...3525 Windingwood Dr. (15)
Myers, Mrs. Philip R.....1147 Cleveland Ave. (16)

N-O

Neher, Mrs. John L.....17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E.....1909 E. Madison St. (17)
Nelson, Mrs. Robert....2810 So. Twyckenham (14)
Odrcic, Mrs. Kazimir J.....3301 Cabot Dr. (35)
Olson, Mrs. Donald T.....1806 Cedar St. (17)
Olson, Mrs. Kenneth L.....1228 E. Woodside Ave. (14)
Oren, Mrs. William.....1149 E. Belmont (15)

P

Parsons, Mrs. Robert....1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A...1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B...916 Riverside Dr. (16)
Petrass, Mrs. Andrew....22027 Liberty Highway (19)
Plain, Mrs. George.....17836 Ponader Dr. (35)
Plain, Mrs. George L.....1229 Ridgedale Rd. (14)

R

Rigaux, Mrs. Armand.....533 E. Angela Blvd.
Rosenheimer, Mrs. George M...1425 E. Woodside (14)
Rubens, Mrs. Eli.....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B...238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F.....235 S. Esther St. (17)
Saucelo, Mrs. Bart M.....2254 Portage Ave. (14)
Schiller, Mrs. Herbert A...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E.....2719 Corby Blvd. (17)
Scott, Mrs. Frank M.....1220 E. Woodside (14)
Sellers, Mrs. Francis....814 Oakridge Dr. (17)
Sensenich, Mrs. R. L.....128 S. Scott St. (25)
Sharp, Mrs. Merle C...17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H.....17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard....53362 Juniper Rd. (37)
Sisson, Mrs. Norvel D...1614 Oak Park Dr. (17)
Skillern, Mrs. Scott.....1442 Garland Circle (14)
Smith, Mrs. Lee Jr.....1925 E. Jefferson (17)
Sobol, Mrs. Zbigniew.....19072 Summers Dr. (37)
Stiver, Mrs. Dan D.....1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J.....520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S...527 N. Lafayette (01)
Sweeney, Mrs. Robert
115 N. Sunnyside Ave. (17)

T

Thompson, Mrs. John M..1618 E. Cedar St. (17)
Thornton, Mrs. M. J.....125 W. Marion St. (01)
Troeger, Mrs. Thomas....17510 Brandel Dr. (35)
Troyer, Mrs. Marlin.....17700 Ireland Rd. (14)

V-W-Z

Van Fleit, Mrs. W. E.....1617 E. Cedar St. (17)
Weiss, Mrs. Eugene
1605 E. Washington Ave. (17)
White, Mrs. Donald G.....60857 Miami Rd. (14)
Wilson, Mrs. James M.....1507 E. Wayne (15)
Wurster, Mrs. H. C.
3512 NorthSide Blvd., Apt A-2 (15)
Zeiger, Mrs. Irvin L...1205 E. Irvington Ave. (14)

Stoller, Mrs. Harry....R. R. 5, Plymouth (46563)
Bixler, Mrs. Louis C.,
R. R. 3, Box 175, Edwardsburg, Mich. 49112
Buchanan, Mrs. Wallace D.....Palm Bay Club, 5966 Midnight Pass Road, Sarasota, Fla. 33581

SHELBY COUNTY

Davis, Mrs. John A.....Flat Rock (47234)

Shelbyville

(*Zip Code* 46176)

Dalton, Mrs. Wilson L.....1712 Culbertson Rd.
Deupree, Mrs. William D.....50 W. Mechanic St.
Gehres, Mrs. Robert W.....610 Shelby St.
Gordon, Mrs. Harry Wm.....2105 Graham Dr.
Green, Mrs. William
R. R. 2, Morristown Rd. Box 61
Inlow, Mrs. Paul M.....53 W. Washington St.
Inlow, Mrs. Robert R. R. # 2, Box 376
Inlow, Mrs. W. D.....Spring Hill Rd.
Lorber, Mrs. James Michael.....R. 5, Box 29A
McFadden, Miss Marian.....28 W. Mechanic St.
Miller, Mrs. Richard C.....17 W. Mechanic
Moheban, Mrs. Joseph.....Spring Hill Rd.
Phares, Miss Frances.....408 S. Harrison
Scott, Mrs. V. Brown.....R. R. 2, N. Riley Hwy.
Silbert, Mrs. David B.....1100 Fairfield Dr.
Spindler, Mrs. Robert D.....165 W. Mechanic St.
Tate, Mrs. Thomas Dale.....R. R. # 2, Box 66
Tindall, Mrs. William R.....616 S. Harrison
Tower, Mrs. James H., Jr...239 W. Washington St.
Whitcomb, Mrs. Roger F.....218 W. Broadway

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Alstott, Mrs. David.....R. R. 7, Box 24 (05)
Babb, Mrs. Forrest J.....2106 S. Ninth St. (05)
Bayley, Mrs. R. D.....2618 Elmwood Ave. (04)
Bayley, Mrs. William E.
303 S. 9th St. Apt. 34 (01)

Bridge, Mrs. Barton C.....22 Thise Court (05)
Cartwright, Mrs. G. W.....3532 Mulberry (05)
Davis, Mrs. Grayson B.....1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius.....606 N. 28th (04)
DuBois, Mrs. Ramon B...519 Calvert Lane (05)
Engeler, Mrs. James E.....21 Lori Lee Dr. (05)
Fields, Mrs. Don C.....3530 E. 200 N. (05)
Frey, Mrs. Harley H., Jr...505 Calvert Lane (05)
Fritch, Mrs. John M.....915 Pontiac (05)
Harvey, Mrs. Bennett B...2908 Beverly Lane (04)
Horswell, Mrs. Richard R.....3924 Rome Dr. (05)
Johnson, Mrs. Herbert S.....712 Cherokee (05)
Jones, Mrs. David.....716 Oaklawn Dr.
Klepinger, Mrs. Harry E.....909 N. 21st St. (04)
Kuipers, Mrs. Fred M. Jr.
3918 Gate Rd. R. R. # 1
Landis, Mrs. C. Byron.....505 S. 7th St.
Lempke, Mrs. Lloyd W.....29 Stayman Ct. (05)
McAdams, Mrs. Hugh B...2110 Birch Lane (05)
McPherson, Mrs. Richard C.....30 Thise Court (05)
Miller, Mrs. Wm. J.....58 Thise Court (05)
Neumann, Mrs. Kenneth O..1410 S. 18th St. (05)
Pickerill, Mrs. James..R. R. # 12 - Box 231A (05)
PouLos, Mrs. J. J.....2106 S. 8th
Ralston, Mrs. Marc A.....2121 Sunrise (04)
Randall, Mrs. Thomas A.....40 Redwood Ct. (04)
Riggs, Mrs. W. A.....R. R. 11, Box 90 (05)
Ruschli, Mrs. E. B.....604 Kossuth
Scheeres, Mrs. Jacob W.....516 S. 7th St. (01)
Sholty, Mrs. William M.....R. R. 8, Box 89 (05)
Smith, Mrs. Lowell C.....615 Lingle (01)
Stolz, Mrs. Thomas.....R. R. 1, (06)
Trout, Mrs. Carl J.....800 State St. (01)
Trout, Mrs. David.....445 Southern Drive (06)
Underwood, Mrs. George M.
905 Southern View Dr. N. (05)
Vermilya, Mrs. Robert W...579 So. 675 East (05)
Wagner, Mrs. Lindley H...3870 S. Orchard (05)
Wong, Mrs. Norman.....3504 Cedar Lane

West Lafayette
(*Zip Code* 47906)

Auckley, Mrs. James L.....806 Sparta
Baker, Mrs. John R.....2321 Carmel Dr.
Beuerman, Mrs. Virgil A.....509 Emilie Dr.
Bolin, Mrs. Robert C.....908 Windsor Dr.
Brady, Mrs. Kingdon.....612 Terry Lane
Bullard, Mrs. Harlan R.
2550 Yeager Rd. Bldg. 21 #11
Carpenter, Mrs. Robert S.....492 Littleton St.
Davis, Mrs. Howard B.....833 Hillcrest Rd.
Elliott, Mrs. Paul W.....332 Park Lane
Foster, Mrs. John.....105 Knox Dr.
Gripe, Mrs. Richard P...2179 Tecumseh Park Lane
Gutwein, Mrs. Gilbert....112 Spinning Wheel Ct.
Hanneman, Mrs. Robert E.....219 Tamiami Trail
Heid, Mrs. George J.....515 Park Ridge Dr.
Hughes, Mrs. Anson.....1608 Sheridan Rd.
Kelley, Mrs. Jack.....508 Parkridge Dr.
Klatch, Mrs. Ben Z.....1415 Woodland Dr.
Knote, Mrs. John.....716 Carrolton Blvd.
Lind, Mrs. Jaap Jan.....902 Rose Lane
Loop, Mrs. Frederick A.....119 Leslie Dr.
McAdams, Mrs. Robert C.....625 Ridgewood Dr.
McKinney, Mrs. Donald L.....R. R. 9, Box 263AA
Marsh, Mrs. George W...2121 Happy Hollow Dr.
Marvel, Mrs. Howard R.....136 Arrowhead Dr.
Mather, Mrs. Charles R.....1815 Ravina Rd.
Mather, Mrs. Robert L.....321 Leslie Ave.
Mathews, Mrs. Frank.....1831 N. Salisbury St.
Mentzer, Mrs. William.....714 North Ridge
Mohrs, Mrs. Paul E.....800 Hillcrest Dr.
Mount, Mrs. William M.....217 Pawnee Dr.
Peyton, Mrs. Frank W.....612 Ridgewood
Rahdert, Mrs. Richard F.
2166 Tecumseh Park Lane
Ramsey, Mrs. George F.....201 Lindburg Rd.
Raymond, Mrs. James R.....2736 Henderson Ave.
Reno, Mrs. John W.....120 Seminole Dr.
Rutherford, Mrs. Charles.....2501 N. 600 W.
Sherman, Mrs. David E.....133 Tamiami Trail
Shively, Mrs. John L.....205 Lindberg Ave.
Spurlock, Mrs. F. H.....1625 Western Dr.
Stahl, Mrs. Edward T.....324 Park Lane
Steele, Mrs. Hugh H.....2730 Henderson
Stuntz, Mrs. Edgar C.....148 Creighton Rd.
Van Den Bosch, Mrs. Wallace R...715 Princess Dr.
Wagner, Mrs. Lindley H.....3650 Derbyshire Ct.
Wagoner, Mrs. J. Edward.....907 Cumberland
Waits, Mrs. Chester L.....622 Rose St.
Weida, Mrs. Jerry.....513 Emilie Dr.
Weller, Mrs. Wendell A.....153 Pathway Lane

Weller, Mrs. Ralph.....Box 38, Rossville (46065)
Bond, Mrs. Larry....R. R. #1 Clarks Hill (47930)

VANDERBURGH COUNTY

Evansville
(*Zip Code* 477 *plus zone number*).

A

Acre, Mrs. Robert R.....665 St. Mary's Dr. (15)
Adye, Mr. Wallace M.....320 Inwood Dr. (11)
Alexander, Mrs. John E.
2895 Washington Ave. (14)
Allen, Mrs. William.....8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H.
800 S. Plaza Dr. (15)
Antes, Mrs. Earl H...1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E...700 Helfrich Lane (12)
Austin, Mrs. Eugene W.....721 Colony Rd. (15)

B

Baker, Mrs. Mason R.....823 S. Hebron (15)
Baker, Mrs. Sam B.....217 Montclair Court (15)
Barnhart, Mrs. Willard T...507 S. Boeke Rd. (14)
Beck, Mrs. Robert E.....6000 Newburgh Rd. (15)
Becker, Mrs. Jerry.....301 Oriole Drive (15)
Beisel, Mrs. Larry H...450 S. Audubon Dr. (15)
Bender, Mrs. Martin J..2416 Bayard Park Dr. (14)
Bendush, Mrs. Cecil L.....699 Blue Ridge Rd. (15)
Bennett, Mrs. Abner P...961 Blue Ridge Rd. (15)
Bissonnette, Mrs. Roger P...911 Colony Rd. (15)
Bizal, Mrs. John..R. R. 7, Box 77, Shenk Rd. (12)
Bloss, Mrs. Bryant A.....4131 Lincoln Ave. (15)
Boone, Mrs. Robert D....417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr.....1429 Oriole Dr. (15)
Britt, Mrs. Robert L...6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brown, Mrs. Robert L.....3515 Lincoln Ave. (15)
Bryan, Mrs. Stanton L..3211 E. Mulberry St. (15)
Buehner, Mrs. Donald F.....1200 Bonnie View Dr. (15)
Burger, Mrs. Thomas C.....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde.....10100 Old St. Rd. (11)

C

Carlson, Mrs. Ralph F..1350 Bayard Park Dr. (14)
Clark, Mrs. Thomas W...820 S. Meadow Rd. (15)
Clouse, Mrs. Paul A.....5801 Newburgh Rd. (15)
Colvin, Mrs. Robert.....2048 Polaris (15)
Cook, Mrs. Thomas.....1204 FuQuay Rd. (15)
Cooper, Mrs. Waller W.....4410 Oak St. (15)
Corcoran, Mrs. P. J. V.....2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce.....7116 E. Chestnut (15)

Cox, Mrs. Larry.....1401 Southfield Road
Crawford, Mrs. James
631 Blue Ridge Dr. W. (15)
Crevello, Mrs. Albert J.....807 S. Burkhardt Rd. (15)
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth.....900 S. Burkhart (15)
Denzer, Mrs. Edward K.....540 Scenic Dr. (15)
Denzer, Mrs. William O....2329 E. Chandler (14)
Dieckman, Mrs. Herbert S.
10 Johnson Place (14)
Dodd, Mrs. R. K.....1705 S. New Green River Rd. (15)
Durkee, Mrs. Melvin S.....615 Trinity Dr. (15)
Dycus, Mrs. Walter A.....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K...812 St. James Blvd. (14)

E

Ebin, Mrs. J. L.....8500 Whetstone (11)
Elshoff, Mrs. Donald Virgil..8410 Berry Dr. (11)
Engel, Mrs. Edgar L.....1411 E. Park Dr. (14)

F

Faith, Mrs. Ira L.....5822 Brentwood Ct. (15)
Faul, Mrs. Henry J.....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L.....2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R. R. 8, Old St. Rd. (11)
Fitzsimmons, Mrs. Elvin L..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam.....900 S. Boeke (14)
Franco, Mrs. James M.....8010 Newburg Rd.

G

Garland, Mrs. Edgar A.....719 Plaza Dr. (15)
Geller, Mrs. Samuel.....R. R. 8, Box 143-A (11)
Getty, Mrs. William H..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J.....916 S. Burkhardt Rd. (15)
Griep, Mrs. Arthur H...5414 Madison Ave. (15)
Grimm, Mrs. William C.....8712 Whetstone (11)
Guckien, Mrs. Joseph.....2301 E. Powell (14)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case
6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M.....5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac....8006 Heather Court (14)
Harris, Mrs. Robert L.....533 Martins Lane (15)
Hart, Mrs. L. Paul.....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr.....300 Hesmer Rd. (11)
Hassel, Mrs. Walter.....3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E.
430 Kings Valley Rd. (11)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A..1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L...7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen....1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T..218 S. Spring St. (14)
Herzer, Mrs. Clarence C.....211 E. Mill Rd. (11)
Heumann, Mrs. John E.....1515 Audubon Ct. (15)
Higgins, Mrs. James.....524 Martin's Lane (15)
Himebaugh, Mrs. Gilbert J.....408 S. Alvord Blvd. (14)
Hitchcock, Mrs. Phillip.....900 Royal Ave. (15)
Hobgood, Mrs. James L...7527 Taylor Circle (15)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Huggins, Mrs. Victor S.....8314 Whetstone Road
Hyatt, Mrs. Gilbert T.....1127 Lincoln Ave. (15)

J-K

Johnson, Mrs. Harold V..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L.
2215 Lincoln Ave. (14)
Kelley, Mrs. John B.....1420 Lark Dr. (15)
Kessler, Mrs. Robert..1200 Harrelton Court (15)
Kincaid, Mrs. Robert.....7117 E. Cherry St. (15)
Krueger, Mrs. Tom P...8203 Petersburg Rd. (11)

L

Langsam, Mrs. Charles...3300 Morgan Ave. (11)
Lashley, Mrs. Donald.....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John.....520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry..5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P...400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R.....503 First Ave. (10)
Longstaff, Mrs. John....830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce....2300 E. Gum St. (14)
McCool, Mrs. Joe H.....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D..4300 Lincoln Ave. (15)
Marvel, Mrs. James A.....312 Royal Ave. (15)
Mathews, Mrs. James R....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B.....501 Scenic Dr. (15)
Miller, Mrs. Marshall.....8503 Larch Lane (10)
Miller, Mrs. Milton J.....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E.....555 S. Kelsey Ave. (14)
Mino, Mrs. Robert A.....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm.....855 S. St. James (14)

N

Newnum, Mrs. Raymond L....545 Oriole Dr. (15)
Newton, Mrs. Roger.....1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R.....714 S. Willow Rd. (14)

O

Oswald, Mrs. Robert H.....7200 E. Cherry (15)
Ozsezen, Mrs. Bulent.....441 Tyler (15)

P

Pastor, Mrs. Julius W..5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J.
4212 Jennings Lane (12)
Pemberton, Mrs. Jack J.
6300 Falstead Rd. (12)
Porro, Mrs. Francis W.....909 S. Villa Dr. (14)
Present, Mrs. Julian D.....201 S. Parker Dr. (14)

R

Ratcliff, Mrs. Forest..506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W.
510 S. E. First St. (13)
Reich, Mrs. Clarence E.
1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O.
407 Congress Ave. (15)
Rietman, Mrs. H. Jerome..2325 Lincoln Ave. (14)
Ritchie, Mrs. William D.
5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S.....765 S. Boeke Rd. (14)
Robertson, Mrs. James....7209 E. Walnut St. (15)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A.....34 Johnson Place (14)
Rudolph, Mrs. Kenneth.....742 Plaza Dr. (15)
Rule, Mrs. Ned.....8511 Larch Lane (11)
Rusche, Mrs. Herman Frederick
5817 Brentwood Ct. (15)
Russell, Mrs. Richard H...1015 Harrelton Ct. (15)

S

Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)

Schirmer, Mrs. Robert H.....4300 Kasson (12)
Schneider, Mrs. Charles P.
2924 W. Maryland St. (12)
Sheehan, Mrs. E. Gregg.....934 York Rd. (15)
Shively, Mrs. Wyant J....950 Hillsdale Rd. (11)
Sims, Mrs. Larry W.....1401 Greenfield Rd. (15)
Slaughter, Mrs. Howard C.
651 St. Mary's Dr. (15)
Slaughter, Mrs. John C...622 College Hwy. (14)
Sowa, Mrs. Ronald Walter....1150 Plaza Dr. (15)
Sprecher, Mrs. Herman C.
6601 Newburgh Rd. (15)
Springstun, Mrs. W. Russel..854 Lodge Ave. (14)
Stallings, Mrs. Hugh A..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray....852 S. Alvord Blvd. (14)
Strueh, Mrs. Paul E.....1207 Harrelton Ct. (15)
Swan, Mrs. Robert E.....540 Oriole Dr. (15)

T

Tuholski, Mrs. James M.
6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P.....130 E. Mill Rd. (11)

V-W

Valle, Mrs. Santiago.....1125 Glenmore Ct. (15)
Vancil, Mrs. Martin.....2208 Dusseldorf (11)
Venables, Mrs. A. J.....420 Runnymeade (14)
Vincent, Mrs. William.....7300 E. Powell (15)
Visher, Mrs. John W.
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Waddell, Mrs. J. Ronald...1601 Lant Circle (14)
Wait, Mrs. Raymond B.....508 Martins Lane (15)
Walker, Mrs. William F.....1529 Oriole (15)
Walter, Mrs. Robert F.
1514 S. Kentucky Ave. (14)
Weiss, Mrs. H. G.....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B...1832 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Williams, Mrs. Jack....527 S. Roosevelt Dr. (14)
Willison, Mrs. George W..605 St. Mary's Dr. (15)
Wilson, Mrs. David.....615 Willow Rd. (14)
Wilson, Mrs. John D.....921 Colony Rd. (15)
Wynn, Mrs. Justice F...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr...2327 Lincoln Ave. (14)
Zunker, Mrs. Heinz.....1801 Mt. Auburn Road

Crist, Mrs. John R.....320 Emmick, Mt. Vernon (47620)
Hirsch, Mrs. H. L...801 Williams Dr., Mt. Vernon (47620)
Vogel, Mrs. John L.
R. R. 4, Box 127A, Mt. Vernon (47620)
Gourieux, Mrs. DeVerre
R. R. 2, Box 89 Newburgh (47630)
McCarthy, Mrs. Joseph
R. R. 3, Box 748, Grimm Rd., Newburgh (47630)
Rusche, Mrs. Henry J.....1041 State St., Newburgh (47630)
Rusche, Mrs. Thomas.....R. R. #2, Sharon Rd., Newburgh (47630)
Spain, Mrs. Thomas
R. 1, Box 34, South Shore Dr. Newburgh (47630)
Winebrenner, Mrs. John
200 W. Jennings, Newburgh 47630
Woodward, Mrs. Ben E.
#6 Orchard Lane, R. R. 1, Newburgh (47630)
Zwickel, Mrs. R. E.....Darby Hills, Newburgh (47630)
Ropp, Mrs. Harold E...Church St., New Harmony (47631)
Smith, Mrs. Gordon L.....R. R. 2, New Harmony (47631)

VIGO COUNTY

Terre Haute

(*Zip Code 478 plus zone number*)

A

Anderson, Mrs. W. C.....380 S. 22nd St. (03)
Ault, Mrs. Roy.....200 Lakeview (03)

B

Bannon, Mrs. Wm. G.....2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W...111 VanBuren Blvd. (03)
Blum, Mrs. Leon L.....3200 Ohio Blvd. (03)
Bopp, Mrs. Henry W., Jr...73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr...132 Barton Ave. (03)
Bopp, Mrs. James.....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark.....56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S.....2326 Tippecanoe (03)
Brown, Mrs. Robert R.....2544 N. Ninth St. (04)

C-D

CaJacob, Mrs. Melville E...1000 S. Sixth St. (07)
Caldwell, Mrs. M. V.....6151 Clinton Road (05)
Carpenter, Mrs. Donald J...6879 Carlisle Rd. (38)
Chau, Mrs. Andrew Y. S.....9 Monroe Blvd. (03)
Combs, Mrs. Stuart R.....1155 Gilchrist Rd. 47802
Connerley, Mrs. Marion L...2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J.....207 Barton Ave. (03)
Cristee, Mrs. James W.....1221 S. 6th St. (02)
Crockett, Mrs. Wayne A.....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E.....1910 Boston (05)
Dierdorf, Mrs. Fred.....103 S. 23rd St. (03)
Drummy, Mrs. Wm. W.....2649 Oak St. (03)
Dyer, Mrs. G. Wallace.....2710 Wilson Dr. (03)

E-F

El-Issa, Mrs. Sa'd.....117 Hamilton Dr. (03)
Freed, Mrs. John E., Jr...2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr.....2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A.....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan.....2641 Crawford St. (03)
Goodman, Mrs. Hubert T.
220 Gardendale Rd. (03)
Gossom, Mrs. Donn R.....1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R.
1700 S. Fruitridge Ave. (03)
Hogan, Mrs. Thomas W.....3505 Ohio Blvd. (03)
Hoover, Mrs. D. A.....2146 Eighth Ave. (03)
Humphrey, Mrs. Paul E...2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward..313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr.....62 AllenDale (02)
Kabel, Mrs. Robert N.....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W...147 Monterey Ave. (03)
Kunkler, Mrs. William C...1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell....R. R. 31, Box 454 (07)
Lancet, Mrs. Robert O.....20 Nitche Dr. (03)
Lee, Mrs. James C.....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere...700 Delaware Ave. (04)
Lowenstein, Mrs. W. L.....1909 Ohio Blvd. (03)
Lyons, Mrs. L. Mason.....123 S. 21st St. (03)

M

McBride, Mrs. Noel S.....67 Allendale Pl. (02)
McCrea, Mrs. Fred R.....2517 N. Eighth St. (04)
McEwen, Mrs. James W.....107 Wren Dr. (03)
McLaughlin, Mrs. Gordon C.
R. R. 22, Box 386 (02)

Malone, Mrs. L. A.....2511 N. Ninth St. (04)
Mankin, Mrs. William....175 Lakeview Dr. (03)
Mason, Mrs. Lester M.....66 Allendale Pl. (02)
Mattox, Mrs. Don M.....52 Allen Dale, 47802
Mattox, Mrs. Ernest
4951 Dixie Bee Rd. Apt. # 72, 47802
Meissel, Mrs. Robert L.....154 Hamilton Dr. (03)
Menke, Mrs. W. J.....326 Hamilton Dr. (03)
Miklozek, Mrs. J. E.....2204 Ohio Blvd. (03)
Mitchell, Mrs. John R.....2421 Ohio Blvd. (03)
Mitre, Mrs. I. N.....10 Rutledge Place, 47803
Moore, Mrs. Gene.....3109 Colonial Dr. (05)
Musselman, Mrs. Glen..7222 Wabash Ave. (03)

N-O-P

Nay, Mrs. Ernest O.....29 S. 20th St. (03)
Neudorff, Mrs. Louis G.....213 Barton Ave. (03)
Nuval, Mrs. Augusto T.....65 Heritage Dr. (03)
Oliphant, Mrs. Robert W.....8 - 31 St. (03)
Patel, Mrs. Pulkit.....6300 Dixie Bee Rd. (02)
Pearce, Mrs. Roy V.....269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D.....74 Doe Dr. (04)

R

Reed, Mrs. Robert C.....205 Lakeview Dr. (03)
Richart, Mrs. James V.....336 Hamilton Dr. (03)
Rosene, Mrs. Harold A.....411 Bluebird Dr. (03)
Rourke, Mrs. Robert F.....R. R. 25, Box 460 (03)
Rubin, Mrs. Milton M.....2401 Ohio Blvd. (03)

S

Safayan, Mrs. E.....21 Longridge Rd. (02)
Sayers, Mrs. Frank E.....436 Bluebird Dr. (03)
Scherb, Mrs. Burton E...211 Gardendale Rd. (03)
Schott, Mrs. Edward J.....653 Oak St. (07)
Schumaker, Mrs. Robert A.
3498 Margaret Ave. (02)
Scully, Mrs. Wililam E.....100 Berkely Dr. (03)
Showalter, Mrs. John R., Jr.
2511 N. Eighth St. (04)
Shriner, Mrs. William C...123 Woodbine Dr. 47803
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M.
1142 S. Center St. (02)
Sison, Mrs. Vicente G.....2101 Ohio Blvd. (03)
Speas, Mrs. Robert C.....R. R. 5, Box 249 (05)
Stoelting, Mrs. J. Lewis..1919 N. Seventh St. (07)
Strecker, Mrs. William L.
88 Allendale Place (02)
Sullivan, Mrs. John M.....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C...75 Gardendale Rd. (03)
Vance, Mrs. William C...4951 Dixie Bee Rd. (02)
Veach, Mrs. William L.....97 Allendale Pl. (02)

W-Z

Weber, Mrs. Joseph.....114 S. Glen Apt. 31
West, Mrs. Roger F.....54 Allendale (02)
Wheeler, Mrs. Byron.....31 Ferndale Dr. (03)
Wiedmann, Mrs. Frank E.....Box 572 (02)
Wilson, Mrs. Fred L.....1124 S. Center St. (02)
Win, Mrs. Tun.....1305 Royce Ave. (02)
Yates, Mrs. Donald L.....100 Berkley Dr. (03)
Zwerner, Mrs. Paul F...2510 N. Eighth St. (04)

Keefer, Mrs. Harry
R. R. 3, Box 212 B, West Terre Haute (47885)

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G...5 N. Foote St., Cambridge City (47327)
Kenyon, Mrs. Emil..303 Mulberry, Cambridge City (47327)
Barton, Mrs. Willoughby M.
200 N. Morton, Centerville (47330)
McWilliams, Mrs. William B.....R. R. 4, Liberty (47353)

Richmond

(*Zip Code* 47374)

Adney, Mrs. Frank.....214 S. E. Parkway
Ake, Mrs. Loren.....220 S. 18th St.
Allen, Mrs. Robert T.....212 S. 21st St.
Blossom, Mrs. Paul W.....620 S.W. 21st St.
Cabigas, Mrs. Jose S.....2209 Oak Park Dr.
Clarkson, Mrs. C. G.....2331 Locust Lane
Clemente, Mrs. Jose.....129 N. 34th St.
Coble, Mrs. Frank H.....R. R. 3, Box 38
Cox, Mrs. Leon.....10 Clifton Road
Daggy, Mrs. James R.....47 S. 24th St.
Deanovic, Mrs. Frank W.....3012 Park Ave.
Dehner, Mrs. John R.....212 S. 22nd St.
Dingle, Mrs. Paul E.....206 S. 32nd St.
Dorraca, Mrs. Wm. C.....Richmond State Hosp.
Dreyer, Mrs. Ralph W.....4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom.....13 Parkway Lane
Gibson, Mrs. Alois E.....209 S. 16th St.
Glock, Mrs. Alan.....2425 South G. St.
Guthrie, Mrs. James R.....3112 S. E. Parkway
Hibner, Mrs. Dan W.....50 S. 24th St.
Isaacs, Mrs. Sidney.....2200 S. 23rd St.
Johnson, Mrs. George M.....115 S. 23rd St.
Lee, Mrs. Glen Ward.....Greenmount Pike
Lewis, Mrs. James.....320 Greenbrier Dr.
Ling, Mrs. John F.....6 Parkway Lane
Loomis, Mrs. Charles H.....Garwood Rd.
McIlroy, Mrs. Richard J.....Richmond State Hosp.
Mader, Mrs. John H.....1528 Chester Blvd.
Meredith, Mrs. Elwood J.....205 S. 19th St.
Miller, Mrs. Harold L.....560 Tingler Rd.
Millis, Mrs. Arthur B.....2301 S. "A" St.
Paraiso, Mrs. Antonio Q.....241 S. 31st St.
Park, Mrs. Byron J.....220 S. 24th St.
Plasterer, Mrs. Edward D.....212 S. 16th St.
Ramsdell, Mrs. Glen A.....501 Henley Rd. S.
Schmitt, Mrs. Robert W.....25 Circle Dr.
Sherer, Mrs. Kenneth E.....4 Parkway Lane
Shields, Mrs. Tom S.....2203 S. "E" St.
Short, Mrs. John A.....4284 S. C. Court
Spellmeyer, Mrs. John C.....3010 Park Woods Dr.
Stepleton, Mrs. John D.....4220 Bockmeyer Rd.
Stilwell, Mrs. William R.....2607 S. "C" Pl.
Wambo, Mrs. John.....3305 N.W. B St.
Warren, Mrs. Robert J.....1624 Reeveston Rd.
Warrick, Mrs. Francis B.....2106 South "B" St.
Weitemier, Mrs. Raymond A.....25 S. 25th St.
Wertenberger, Mrs. Morris..779 Greenmount Pike
Wiland, Mrs. Olin K.....4375 S. "C" St.
Woodman, Mrs. Kenneth.....4412 S. "B" St.
Zore, Mrs. Joseph J.....14 Parkway Lane

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Bradley, Mrs. Louis F.
Country Club Addition, R. R. 4
Caylor, Mrs. Charles H.
R. R. # 4, Country Club Estates
Caylor, Mrs. Truman E.....920 River Rd.
Collins, Mrs. Jack T.....R. R. 3
Cook, Mrs. Robert G.....1225 Summit Ave.
Dorrance, Mrs. Thomas O.....302 Northwood Dr.
Graf, Mrs. Russell E...1110 Highland Park Circle
Jauernig, Mrs. Russell R.....1445 McConnell Rd.
Kephart, Mrs. S. Bruce.....P. O. Box 12
Lohmuller, Mrs. Herbert.....1120 River Road
Matzen, Mrs. Richard N.....R.R. 3
Mayock, Mrs. Peter P.....1100 River Rd.
Meier, Mrs. Donald W.....1205 Summit Ave.
Mock, Mrs. Farrell.....540 Dustman Rd.

Mudrony, Mrs. Jeno.....R. R. 4
Nichols, Mrs. Robert D.....1012 Riverview Dr.
Panos, Mrs. Constantine G....1144 Wildwood Lane
Pietz, Mrs. David G.....R. R. 3
Pitts, Mrs. Neal C.....1020 Highland Park Circle
Purcell, Mrs. Lawrence T.....820 Parkway
Shaw, Mrs. Glenn R.....926 Riverview Dr.
Steckbeck, Mrs. Robert L.....1110 Summit Ave.
Strehler, Mrs. Donald A.....R. R. 4
Talbert, Mrs. Pierre C.....508 W. Cherry St.
Yoder, Mrs. Richard P.....931 S. Wayne St.

Kinzer, Mrs. LeRoy....R. R. 1, Uniondale (46791)

WHITE COUNTY

Derhammer, Mrs. George L.....Brookston (47923)

Monticello

(*Zip Code* 47960)

Bougher, Mrs. Gerald R.....Orchard Lane
Dickerson, Mrs. W. Martin....218 E. Market St.
Fields, Mrs. Max L.....R. R. 3
Hibner, Mrs. Nolan A.....214 S. Illinois
Jehanyar, Mrs. M. Ali.....R. R. 5
McClure, Mrs. Stanley E.....R. R. 1

WHITLEY COUNTY

Minick, Mrs. Linus J.....N. Line St., Churubusco (46723)

Columbia City

(*Zip Code* 46725)

Hamilton, Mrs. Thomas G.....R. R. 3, Box 508
Heritier, Mrs. C. Jules.....700 Hill Dr.
Langohr, Mrs. John L.....321 N. Main St.
Lehmberg, Mrs. Otto F. C.....706 West Park Dr.
Niccum, Mrs. Warren L.....Grove Park
Reid, Mrs. Donald B.....West Park Dr.
Roth, Mrs. James R.....323 N. Chauncey St.
Thompson, Mrs. Frank M.....526 E. Jefferson
Vogel, Mrs. John L.....Grove Park
Wait, Mrs. Jerome H.....R. R. 5
Wilson, Mrs. John S.....R. R. 3

Stalter, Mrs. Gaylord W...North Webster (46555)
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle (46135)
Huffman, Mrs. Verlin P.
701 State St., South Whitley (46787)
Mishler, Mrs. Joe B.....Pierceton

MEMBERS-AT-LARGE

Apple, Mrs. Eddie R.
503 W. Market St. Salem, Washington (47167)
Artz, Mrs. Richard W.
606 Darling, Angola, Steuben (46703)
Baluyut, Mrs. Amando
36 Dolores Ave., Peru, Miami (46970)
Bacala, Mrs. Jesus C.
878 N. Gardner, Scottsburg, Scott (47170)
Beardsley, Mrs. Frank A.
751 E. South St., Frankfort, Clinton (46041)
Bogardus, Mrs. Carl R.
Kyana Farm, R. R. 2, Austin, Scott (47102)
Brockman, Mrs. Wilfred J.
R. R. #3, Box 16B, Corydon, Harrisan (47112)
Broshears, Mrs. K. P.
990 E. Vincennes St., Linton 47441
Cameron, Mrs. Don F.
313 E. Maumee, Angola, Steuben (46703)
Coddens, Mrs. Avery L.....R. R. 1, Fowler, Benton (47944)
Compton, Mrs. George L.
221 N. Independence, Tipton, Tipton (46072)
Davis, Mrs. Claude E.
209 Superior St., Angola 46703
Eiler, Mrs. Paul A.
R. R. 2, North Manchester, Wabash (46962)
Emery, Mrs. Charles Jr.....1100 So. High St., Bloomington, Monroe (47401)
Erickson, Mrs. Harold L.
Box 366, Windfall 46076
Farag, Mrs. R. S.....68 E Third St., Peru 46970
Farris, Mrs. John J.....3848 Rue Voltaire
Chateau de Ville Apt., Indpls., Marion (46220)
Fong, Mrs. Theodore C. C.....316 Bellaire Dr., Madison, Jefferson (47251)
Fugelso, Mrs. Erling S.
207 Heritage Rd. Bloomington 47401
Gaboya, Mrs. Ruben R.
Box 577, Bunker Hill 46914
Guthrie, Mrs. James.....331 W. Third, Peru, Miami (46970)
Haller, Mrs. Robert L...Kempton, Tipton (46049)
Hanneken, Mrs. V. J.....119 Highland Dr. Wabash, Wabash (46992)
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler, DeKalb (46721)
Heaton, Mrs. Elton.....1950 Valley Vista Court, Madison, Jefferson (47250)
Hill, Mrs. Lloyd.....166 W. Sixth St., Peru, Miami (46970)
Hippensteel, Mrs. Harland Jr.
R. R. 2, Box 102, Auburn, DeKalb (46706)
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville, Ripley (47006)
Hoffman, Mrs. Max
227 Elm Dr. Covington, Fountain (47932)
Hollenburg, Mrs. Edward L.
613 Tippecanoe Dr., Winamac, Pulaski (46996)
Hopkins, Mrs. L. H.....Box 414, Versailles, Ripley (47042)
Huckleberry, Mrs. Irvin E.....P. O. Box 67 Salem, Washington (47167)
Jinnings, Mrs. Loren.....P.O. Box 540, Auburn, DeKalb (46706)
Kincaid, Mrs. Raymond.....R. R. 1, Tipton, Tipton (46072)
Kurtz, Mrs. W. A.....R. R. 1, Tipton 46072
Lafollette, Mrs. James W.
3501 Bradley St., R. R. 12, Bloomington 47401
Love, Mrs. John
1441 Maplewood Lane, Madison 47250
Lundblad, Mrs. W. M.
2978 Ramble Road East, Bloomington 47401
Lynch, Mrs. Otis R.
Marengo, Crawford (47140)
Manifold, Mrs. Harold.....1100 Brooks Dr. Bloomington, Monroe (47401)
Manship, Mrs. C. Stanley
Box 6 - R. R. # 1, Hardinsburg, In 47125
Martin, Mrs. Samuel W.....R. R. 1, Corydon, Harrison (47112)
Mason, Mrs. Donald G.
416 E. Maumee, Angola, Steuben (46703)
Maurer, Mrs. Robert
1115 N. Meridian, Brazil, Clay (47834)
May, Mrs. R. Milton..Laconia, Harrison (47135)
McCalla, Mrs. C. X...R. R. #1, Paoli, Ind. 47454
McClain, Mrs. Marvin L.
384 E. McClain, Scottsburg, Scott (47170)
Mehne, Mrs. Richard G.
R. R. 1, Brazil, Clay (47834)
Mernitz, Mrs. R. B.
1500 Tanglewood Dr. Wabash 46992

Middleton, Mrs. Thomas
210 Gilbert, Bloomington, Monroe (47401)
Morford, Mrs. Guy.....2511 E. 2nd St., Apt. #6, Bloomington, Monroe (47401)
Moses, Mrs. Robert..Worthington, Greene (47471)
Mount, Mrs. Mathias S.
148 S. Lewis St., Bloomfield, Greene (47424)
Omstead, Mrs. Milton
E. Main St., Petersburg, Pike (47567)
Pearson, Mrs. William E.
290 N. Wabash, Wabash, Wabash (46992)
Petrich, Mrs. Peter....409 E. Washington, Attica, Fountain (47918)
Pierce, Mrs. Wm. J.....R. R. 1, Bruceville, Knox (47516)
Powers, Mrs. W. R.....Box 231, Lyons 47443
Raney, Mrs. Ben.....370 E. Vincennes St., Linton, Greene (47441)
Ratts, Mrs. Larry D.....1909 Viva Drive, Bloomington, Monroe (47401)
Rendel, Mrs. H. E.....Holiday House, R. R. # 3, Peru, Miami (46970)
Reyes, Mrs. Diego.....2 Summit Dr., Peru, Miami (46970)
Riley, Mrs. H. Schirmer.....440 Fairmount Dr., Madison, Jefferson (47250)
Ringer, Mrs. William A.
408 E. Pike, Attica, Fountain (47918)
Rose, Mrs. Robert E.
R. R. 3, Box 36A, Spencer, 47460
Schantz, Mrs. Richard.....418 So. Kentucky St., Remington, Jasper (47977)
Schrepferman, Mrs. Wayne
R. R. 2, Hamilton, Steuben (46742)
Scott, Mrs. Irvin H.....320 W. Washington, Sullivan, Sullivan (47882)
Seat, Mrs. Marshall H...310 Hefron, Washington, Daviess (47501)
Seward, Mrs. George.....201 W. Main St., North Manchester, Wabash (46962)
Silvers, Mrs. L. Michael.....R. R. 2, Box 166, North Manchester, Wabash (46962)
Sixbey, Mrs. M. Dean
Box 68, Chili, Miami (46926)
Sloan, Mrs. W. K.....340 Bunton Lane Madison, Jefferson (47250)
Smith, Mrs. Lloyd H.....R. R. 4, Briarwood Add., N. Manchester, Wabash (46962)
Snyder, Mrs. Parker W.....159 W. Sixth St., Peru, Miami (46970)
Stephens, Mrs. Lowell R.....P. O. Box 185, Covington, Fountain (47932)
Stoops, Mrs. Jean T.....563 N. Miami, Wabash, Wabash (46992)
Stouder, Mrs. Albert E.....407 S. West St., Kempton, Tipton (46049)
Suzuki, Mrs. T. T.
501 Harrison St., Covington 47932
Thompson, Mrs. Wm.....111 No. Monticello, Winamac, Pulaski (46996)
Tower, Mrs. T. Kermit
Campbellsburg, Pike (47108)
Williams, Mrs. Paul A.....P.O. Box 317 Rennselaer, Jasper (47978)
Woner, Mrs. John.....390 "A" St. N. E., Linton, Greene (47441)
Zink, Mrs. Robert.....502 Broadway, Madison, Switzerland (47250)

1972 ROSTER

INDIANA SOCIETY MEDICAL SERVICE REPRESENTATIVES
INDIANAPOLIS CHAPTER

OFFICERS: 1972-73

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Vice President	Dick Wehr
Secretary	Glen Kesler
Treasurer	W. K. Porter

ABBOTT LABORATORIES, INC.			
Richard D. Conwell (H)	1337 Gibson Ave.	46219	898-7559
James P. Smith	P.O. Box 257, Carmel	46032	846-2450
AMES COMPANY			
Jeffery O. Sherman	7022 Grandview Dr.	46260	257-2633
William E. Stoval	6144 Winthrop Ave.	46220	253-8540
ARNAR-STONE			
David Powell	4423-B Lakewood Dr.	46205	546-6360
AYERST LABORATORIES			
Dick Wehr	8633 Kensington Dr., Noblesville	46060	4-773-5894
Larry F. Pile	3670 Governour Court	46236	897-2625
BLUELINE PHARMACEUTICALS			
Robert L. Rex	R. R. #3, Box 407, New Castle	47362	1-529-4282
BRISTOL LABORATORIES			
Ron E. Fritz	6510 Whitethorn Ct.	46220	253-8531
Roger Grimes	2006 Fairview Anderson	46011	1-642-2051
C. Roger Massa	6368 Green Leaves Rd.	46220	251-4647
John M. Meyer	7405 Cotherstone Ct.	45240	849-4914
Richard L. Pardum	1139 Kenshire Ct., Cincinnati	45240	513-825-5182
C. Roger Massa	6368 Green Leaves Rd.	46220	251-4647
Robert H. Thayer	620 Biddle Ct., Evansville	47712	812-985-5113
BURROUGHS-WELLCOME & CO.			
John M. Brown	220 E. Main, Carmel	46032	846-1437
J. E. Borgmann	7226 N. Parker	46240	253-1015
CENTRAL PHARMACAL CO.			
Donn Moore	2535 N. 9th St., Terre Haute	47804	1-466-5481
John Thomas	5919 Schoolwood Drive	46224	291-8303
CENTURY LABORATORIES			
Ross Deardorff	6383 Monitor Dr.	46220	251-4602
CIBA PHARMACEUTICAL CORP.			
Walt H. Cory	5231 E. 77th St.	46250	849-0208
Herman F. Radtke	7416 Marla	46256	849-2908
DOME CHEMICALS, INC.			
Robert Swift	1325 W. Main St., Carmel	46032	846-5540
DOW CHEMICAL COMPANY			
Frederick P. Dausch	7634 S. New Jersey St.	46227	881-2036
E. O. "Bill" Hoy	8940 Frontenac Rd.	46226	898-4824
Terry Guttrich (DM)	1247 Stockton	46260	255-2324
Joseph F. Keers	R. R. 1, Brownsburg	46112	852-5178

DURST & CO.			
Robert B. Durst	Peru St., Cicero	46034	532-4085
ENDO LABORATORIES, INC. (DuPont)			
Les Nagley	5845 E. Michigan St.	46219	356-4398
Charles A. Sutton	320 Winding-Way, Carmel	46032	846-5000
FLEMING CO.			
Vic Windle	4711 Eastbourne	46226	547-7217
FLINT LABORATORIES			
Ron D. Tincher	7921 E. 33rd St.	46236	897-2025
GEIGY PHARMACEUTICAL CO.			
Charles Hoskins	P.O. Box 29126, Cumberland	46229	894-7278
Bill W. Zinn	1018 Auman Dr., Carmel	46032	846-2392
HOECHST PHARMACEUTICAL CO.			
Chuck Wincel	145 Southlane, New Whiteland	46184	535-4008
Larry G. Hooks	R. R. 2, Zionsville	46077	873-4151
HOLLAND-RANTOS CO., INC.			
Norman J. Cook	2603 N. Jefferson, Muncie	47303	1-284-8176
INDIANAPOLIS PHARMACEUTICAL CO.			
Paul Lowe	3501 Brookside Parkway	46201	631-7233
Herschel Lammey (Ret.)	1161 E. 56th St.	46220	255-1646
IVES LABORATORIES, INC.			
Robert Gran	105 E. Edgewood Ave.	46227	784-8915
LAKESIDE LABORATORIES, INC.			
Douglas Powell	2946 Marywood Court	46227	881-2983
LEDERLE LABORATORIES			
Ned Hugus	127 W. 111th St., Carmel	46032	846-5474
McNEIL LABORATORIES, INC.			
Charles T. Love	5565 N. Delaware	46220	257-1934
Wm. D. Dalmasso	2312-A Greentree St.,	46227	888-0259
Jerry Stearns	5020 Manning Road	46208	297-3692
MALLARD, INC.			
Homer Surprenant	941 Mellowood	46227	888-9661
McKESSON LABORATORIES			
Wm. E. Massengill	610 Turtle Creek, S. Dr. # 1	46227	786-2372
MALLINCKRODT CHEMICAL			
Albert F. Hoop	112 Betsy Lane # 71	46227	787-1078
Jon Y. Young	2614 Dell Zell Dr.	46227	253-3542
MEAD JOHNSON LABORATORIES			
Glen Kesler	3321 W. 48th St.	46208	297-1519
Ken Miller	2404 Opechee Dr., Muncie	47302	1-289-8657
Larry Coleman	302 Ada Lane, Beech Grove	46107	787-7864
Robert A. Terry	4430 E. 80th St.	46250	849-4937
MERCK SHARP & DOHME			
Donald C. Abbitt	1111 Kings Court	46260	251-3128
Thomas Moriarty (H)	7132 Maplewood Dr.	46227	784-9152
Henry Pahlke	8311 Rumford Rd.	46219	898-7722
H. Duane Koon	2111 Suffolk Dr.	46260	293-9325
Bill Miller	3651 Kline Dr.	46226	545-3779

MERRILL CO., WM. S.			
J. M. Beckstein	4238 Bello Drive, Ft. Wayne	46805	219-485-1533
Jim Rheude	6832 Daisy Lane	46224	244-3938
Wm. R. Schertzinger	500 Crescent Court, Frankfort	46041	1-654-6606
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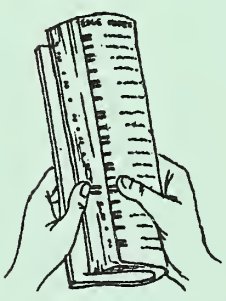
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140/90 is normal blood pressure...or is it?

An extensive study based on nearly 4 million life insurance policies suggests that a blood pressure reading of 140/90 requires close medical supervision.

Study Findings. Twelve years ago the Society of Actuaries reported on an extensive study based on the lives and deaths represented by almost 4 million life insurance policies. From this vast survey—"The Build and Blood Pressure Study"[1]—insurance experts concluded that:

- Blood pressure above 140/90 is accompanied by increased morbidity and requires close medical attention.
- Even small increments in either systolic or diastolic blood pressure progressively and steeply shorten life expectancy.

Other Studies. Studies conducted with large numbers of patients since that time have echoed the above findings. Two studies published in 1970—the VA Cooperative Study Group on "Effects of Treatment on Morbidity in Hypertension"[2] and the "Framingham Study"[3]—suggest that treatment of even mild hypertension may, over time, offer significant benefits to the patient.

Another Point of View. Although a growing body of studies suggests that treatment of mild hypertension is warranted, medical opinion is not unanimous. Some clinicians recommend that drug treatment for mild hypertension be reserved for patients with additional risk factors such as smoking, high cholesterol levels, heart or kidney involvement, or a family history of vascular disease. Dr. Walter M. Kirkendall stated this position in his recent paper "What's With Hypertension These Days?"[4] Discussing the management of hypertension in patients with a sustained diastolic pressure up to 100 mm Hg, he said: "Generally, I do not recommend antihypertensive therapy unless patient's blood pressure approaches the upper limit for the group and a number of adverse factors exist, such as male sex, family history of vascular disease, youth, evidence of heart or kidney involvement."



Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

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25- and 50-mg tablets

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(Hydrochlorothiazide|MSD)

Therapy to Start With

For a brief summary of prescribing information, please see next page.

1. Society of Actuaries, *The Build and Blood Pressure Study*, 1959.
2. Veterans Administration Cooperative Study Group on Antihypertensive Agents, "Effects of Treatment on Morbidity in Hypertension," JAMA *213*:1143-1152, Aug. 17, 1970.
3. Kannel, William B., *et al.*: "Epidemiologic Assessment of the Role of Blood Pressure in Stroke—The Framingham Study," JAMA *214*:301-310, Oct. 12, 1970.
4. Kirkendall, Walter M.: "What's With Hypertension These Days?" Consultant, Jan. 1971.

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Therapy to Start With

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

CONTRAINDICATIONS: Anuria; increasing azotemia and oliguria during treatment of severe progressive renal disease. Known sensitivity to this compound. Nursing mothers; if use of drug is deemed essential, patient should stop nursing.

WARNINGS: May precipitate or increase azotemia. Use special caution in impaired renal function to avoid cumulative or toxic effects. Minor alterations of fluid and electrolyte balance may precipitate coma in hepatic cirrhosis.

When used with other antihypertensive drugs, careful observation for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents, especially ganglion blockers, must be reduced by at least 50% because HydroDIURIL potentiates their action.

Stenosis and ulceration of the small bowel causing obstruction, hemorrhage, and perforation have been reported with the use of enteric-coated potassium tablets, either alone or with nonenteric-coated thiazides. Surgery was frequently required, and deaths have occurred. Such formulations should be used only when indicated and when dietary supplementation is impractical. Discontinue immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Thiazides cross placenta and appear in cord blood. In women of childbearing age, potential benefits must be weighed against possible hazards to fetus, such as fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

The possibility of sensitivity reactions should be considered in patients with a history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported for sulfonamide derivatives, including thiazides.

PRECAUTIONS: Check for signs of fluid and electrolyte imbalance, particularly if vomiting is excessive or patient is receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances. Hypokalemia may develop (especially with brisk diuresis) in severe cirrhosis; with concomitant steroid or ACTH therapy; or with inadequate electrolyte intake. Digitalis therapy may exaggerate metabolic effects of hypokalemia, especially with reference to myocardial activity. Hypokalemia may be avoided or treated by use of potassium chloride or giving foods with a high potassium content. Similarly, any chloride deficit may be corrected by use of ammonium chloride (except in patients with hepatic disease) and largely prevented by a near normal salt intake. Hypochloremic alkalosis occurs infrequently and is rarely severe. In severely edematous patients with congestive failure or renal disease, a low salt syndrome may occur if dietary salt is unduly restricted, especially during hot weather.

Thiazides may increase responsiveness to tubocurarine. The antihypertensive effect of the drug may be enhanced in the postsympathectomy patient. Arterial responsiveness to norepinephrine is decreased, necessitating care in surgical patients. Discontinue drug 48 hours before elective surgery. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics.

Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been seen in a few patients on prolonged thiazide therapy. The effect of discontinuing thiazide therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients. Parathyroidectomy has elicited subjective clinical improvement in most patients, but has no effect on hypertension. Thiazide therapy may be resumed after surgery.

Use cautiously in hyperuricemic or gouty patients; gout may be precipitated. May affect insulin requirements in diabetics; may induce hyperglycemia and glycosuria in latent diabetics.

ADVERSE REACTIONS: Rare reactions include thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, cholestasis, and pericholangiolitic hepatitis. Nausea, vomiting, diarrhea, dizziness, vertigo, paresthesias, transient blurred vision, sialadenitis, purpura, rash, urticaria, photosensitivity, or other hypersensitivity reactions may occur. Cutaneous vasculitis precipitated by thiazide diuretics has been reported in elderly patients on repeated and continuing exposure to several drugs. Scattered reports have linked thiazides to pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice. When adverse reactions are moderate or severe, the dosage of thiazides should be reduced or therapy withdrawn.

For more detailed information, consult your MSD Representative or see the Direction Circular. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

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2542 Thompson Ave., Fort Wayne 46807

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Mental Retardation, Inc.
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Opportunity Center, Inc.
1402 Hutchins Avenue, Columbus 47201

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Cass County Council for Mentally Retarded Children, Inc.
1416 Woodlawn Ave., Logansport 46947

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Community Mental Health-Mental Retardation Center, Inc.
285 Bielby Road, Lawrenceburg, Ind. 47025

DELAWARE COUNTY

Delaware County Council for Retarded Children, Inc.
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DUBOIS COUNTY

Southern Indiana Retardation Services, Inc.
435 Main St., Tell City 47586

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Elkhart County Association for the Retarded, Inc.
1000 W. Hively Ave., Elkhart 46514

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Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

FULTON COUNTY

Fulton County Association for Retarded Children, Inc.
1229 Lakeshore Dr., Rochester 46975

GIBSON COUNTY

Gibson County Association for Retarded Children, Inc.
120 W. State St., Princeton, Ind. 47670

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Grant County Association for Retarded Children, Inc.
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Hamilton County Association for Retarded Children, Inc.
P. O. Box 361, Noblesville 46060

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Hancock County Association for Retarded Children, Inc.
802 North A Street, Greenfield 46140

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Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

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Howard County Association for the Education of Mentally Retarded Children, Inc.
1425 S. Plate, Kokomo 46901

HUNTINGTON COUNTY

Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY

Jayland Workshop, Inc.
E. Water St., Portland 47371

JOHNSON COUNTY

Johnson County Association for the Parents and Friends of Retarded Children, Inc.
300 East Adams, Franklin 46131

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Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY

LaGrange County Association for Retarded Children, Inc.
Box 328, Howe 46746

LAKE COUNTY

Lake County Association for Retarded Children, Inc.
2650 W. 35th Ave., Gary 46408

LAPORTE COUNTY

Parents' Council for Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY

Madison County Association for Retarded Children, Inc.
P. O. Box 544, Anderson 46015

* Compiled by the Indiana Department of Mental Health, Division of Mental Retardation, 1315 W. Tenth St., Indianapolis 46202.

MARION COUNTY

Marion County Association for Retarded Children, Inc.
2400 N. Tibbs Ave., Indianapolis 46222

MARSHALL-STARKE COUNTIES

Marshall-Starke Development Center, Inc.
R. R. 3, Box 66A, Plymouth 46563

MONROE COUNTY

Stonebelt Council for Retarded Children, Inc.
2815 E. 10th, Bloomington 47401

MONTGOMERY COUNTY

A. C. A. P. A. L.
302 E. Market, Crawfordsville 47933

MORGAN COUNTY

Morgan County Association for Retarded Children, Inc.
P.O. Box 484, Martinsville 46151

ORANGE COUNTY

Orange County Association for Retarded Children, Inc.
P.O. Box 143, Paoli 47454

PARKE COUNTY

Child-Adult Retardation Services, Inc.
P. O. Box 96, Rockville 47872

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Pulaski County Council for Retarded & Exceptional Persons, Inc.
112 W. Main St., Winamac 46996

RIPLEY COUNTY

New Horizon Rehabilitation, Inc.
P. O. Box 98, Batesville 47006

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Community Sheltered Workshop of Steuben County, Inc.
Pleasant Lake 46779

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Council for the Retarded of St. Joseph County, Inc.
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Sullivan County Association for Retarded Children, Inc.
501 North Hartley Street, Sullivan 47882

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Beacon School of the Valley
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Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
P. O. Box 400, Wabash 46992

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English

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Elkhart

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Attica

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Court House
Rochester

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116 Cherry St.
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Greenfield

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Poplar & Bruce Streets
Seymour

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Madison

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Court House
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Indianapolis 46222

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Evansville 47701

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Evansville 47710

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Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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Continued

* Dr. Hoffman will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

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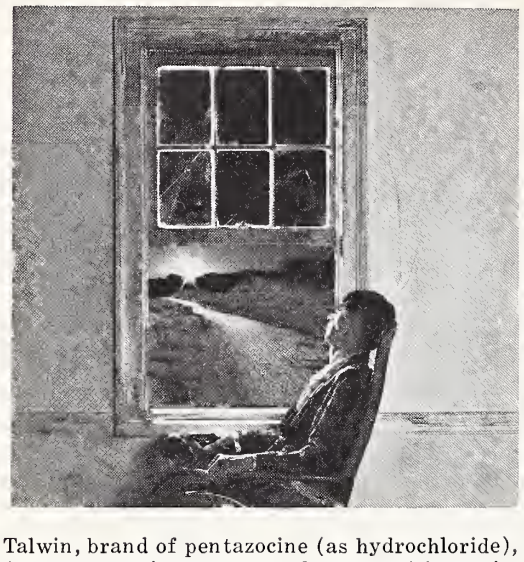
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the long-range analgesic

a new outlook in chronic pain

of moderate to severe intensity



Contraindications: Talwin, brand of pentazocine (as hydrochloride), should not be administered to patients who are hypersensitive to it.

Warnings: *Head Injury and Increased Intracranial Pressure.* The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. Furthermore, Talwin can produce effects which may obscure the clinical course of patients with head injuries. In such patients, Talwin must be used with extreme caution and only if its use is deemed essential.

Usage in Pregnancy. Safe use of Talwin during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or embryotoxic effects. However, Talwin should be administered to pregnant patients (other than labor) only when, in the judgment of the physician, the potential benefits outweigh the possible hazards. Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used analgesics. Talwin should be used with caution in women delivering premature infants.

Drug Dependence. There have been instances of psychological and physical dependence on parenteral Talwin in patients with a history of drug abuse and, rarely, in patients without such a history. Abrupt discontinuance following the extended use of parenteral Talwin has resulted in withdrawal symptoms. There have been a few reports of dependence and of withdrawal symptoms with orally administered Talwin. Patients with a history of drug dependence should be under close supervision while receiving Talwin orally.

In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.

Acute CNS Manifestations. Patients receiving therapeutic doses of Talwin have experienced, in rare instances, hallucinations (usually visual), disorientation, and confusion which have cleared spontaneously within a period of hours. The mechanism of this reaction is not known. Such patients should be very closely observed and vital signs checked. If the drug is reinstituted it should be done with caution since the acute CNS manifestations may recur.

Usage in Children. Because clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Ambulatory Patients. Since sedation, dizziness, and occasional euphoria have been noted, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Precautions: *Certain Respiratory Conditions.* Although respiratory depression has rarely been reported after oral administration of Talwin, the drug should be administered with caution to patients with respiratory depression from any cause, severe bronchial asthma and other obstructive respiratory conditions, or cyanosis.

Impaired Renal or Hepatic Function. Decreased metabolism of the drug by the liver in extensive liver disease may predispose to accentuation of side effects. Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment.

Myocardial Infarction. As with all drugs, Talwin should be used with caution in patients with myocardial infarction who have nausea or vomiting.

Biliary Surgery. Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients about to undergo surgery of the biliary tract.

Patients Receiving Narcotics. Talwin is a mild narcotic antagonist. Some patients previously receiving narcotics have experienced mild withdrawal symptoms after receiving Talwin.

CNS Effect. Caution should be used when Talwin is administered to patients prone to seizures; seizures have occurred in a few such patients in association with the use of Talwin although no cause and effect relationship has been established.

Adverse Reactions: Reactions reported after oral administration of Talwin include *gastrointestinal:* nausea, vomiting; infrequently constipation; and rarely abdominal distress, anorexia, diarrhea. *CNS effects:* dizziness, lightheadedness, sedation, euphoria, headache; infrequently weakness, disturbed dreams, insomnia, syncope, visual blurring and focusing difficulty, hallucinations (see *Acute CNS Manifestations* under WARNINGS); and rarely tremor, irritability, excitement, tinnitus. *Autonomic:* sweating; infrequently flushing; and rarely chills. *Allergic:* infrequently rash; and rarely urticaria, edema of the face. *Cardiovascular:* infrequently decrease in blood pressure, tachycardia. *Other:* rarely respiratory depression, urinary retention.

Dosage and Administration: *Adults.* The usual initial adult dose is 1 tablet (50 mg.) every three or four hours. This may be increased to 2 tablets (100 mg.) when needed. Total daily dosage should not exceed 600 mg.

When antiinflammatory or antipyretic effects are desired in addition to analgesia, aspirin can be administered concomitantly with Talwin.

Children Under 12 Years of Age. Since clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Duration of Therapy. Patients with chronic pain who have received Talwin orally for prolonged periods have not experienced withdrawal symptoms even when administration was abruptly discontinued (see WARNINGS). No tolerance to the analgesic effect has been observed. Laboratory tests of blood and urine and of liver and kidney function have revealed no significant abnormalities after prolonged administration of Talwin.

Overdosage: *Manifestations.* Clinical experience with Talwin overdosage has been insufficient to define the signs of this condition.

Treatment. Oxygen, intravenous fluids, vasopressors, and other supportive measures should be employed as indicated. Assisted or controlled ventilation should also be considered. Although nalorphine and levallorphan are *not* effective antidotes for respiratory depression due to overdosage or unusual sensitivity to Talwin, parenteral naloxone (Narcan®, available through Endo Laboratories) is a specific and effective antagonist. If naloxone is not available, parenteral administration of the analeptic, methylphenidate (Ritalin®), may be of value if respiratory depression occurs.

Talwin is not subject to narcotic controls.

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St. Vincent's Hospital Marion College; Purdue University, LaFayette; Ball State University, Muncie; Indiana University, Bloomington	L. N. Foster, MD D. Gartner, MT (ASCP)
Kokomo	
St. Joseph Memorial Hospital Ball State University, Muncie; St. Francis College, Fort Wayne; Indiana University, Kokomo	M. W. Rudicel, MD C. Wall, MT (ASCP)
Lafayette	
St. Elizabeth Hospital St. Francis College, Fort Wayne; Purdue University; Ball State University, Muncie	J. A. Foster, MD P. Williams, MT (ASCP)
Muncie	
Ball Memorial Hospital Ball State University; Marion College, Marion; Anderson College, Anderson	G. E. Branam, MD S. A. Riplogle, MT (ASCP)
South Bend	
South Bend Medical Foundation, Inc. St. Mary's College, Notre Dame; Goshen College, Goshen; Indiana University, South Bend & Bloomington; Marian College, Indianapolis; Purdue University, LaFayette; Ball State University, Muncie; Indiana State University, Terre Haute; Bethel College, Mishawaka; St. Francis College, Fort Wayne; Valparaiso University, Valparaiso	J. R. Bennett, MD B. Hagan, MS, MT (ASCP)
Terre Haute	
Indiana State University-Union Hospital	L. L. Blum, MD S. Husain, PhD Education Coord.
St. Anthony Hospital Indiana State University; Eastern Illinois University, Charleston; St. Mary-of-the-Woods College, St. Mary-of-the-Woods	J. C. Lee, MD A. Beaver, MT(ASCP)
Vincennes	
Good Samaritan Hospital Indiana State College, Terre Haute; Purdue University, LaFayette; Ball State University, Muncie; Evansville University, Evansville; University of Southern Illinois Carbondale, Illinois	B. K. Black, M.D. P. H. Bousley, MA, MT (ASCP)

Approved by the Council on Medical Education of the American Medical Association in collaboration with the American College of Radiology and the American Society of Radiologic Technologists.

For Radiologic Technologist — 1972

Beech Grove	
St. Francis Hospital Mallory Technical Institute, Indianapolis	C. A. Stayton, Jr., MD H. Hoffman, RT
East Chicago	
St. Catherine Hospital Evanston Hospital, Evanston, Illinois	B. D. Braun, MD K. J. Schmidt, RT
Elkhart	
Elkhart General Hospital Indiana University, Blomington	D. B. Parshall, MD W. Tirman, MD, Education Coord. H. V. Konecury, RT
Evansville	
Deaconess Hospital	R. E. Beck, MD W. A. Newhouse, RT
St. Mary's Hospital University of Evansville	R. B. Hovda, MD B. J. Allen, RT
Welborn Memorial Baptist Hospital	E. L. Hendershot, M.D. A. P. Lessure, MD, Education Coord. E. A. Duvall, RT
Fort Wayne	
Lutheran Hospital Indiana University, Bloomington	R. A. Flaherty, M.D. R. D. Walker, RT
Parkview Memorial Hospital Indiana University, Bloomington	R. C. Datzman, MD R. Rankin, RT

St. Joseph's Hospital Indiana University, Bloomington	M. J. Powell, MD S. K. Siebert, RT
Gary	
Methodist Hospital Indiana University, Northwest Campus	K. G. Ambrozaitis, MD Mrs. J. L. Akin, RT
Greenfield	
Hancock County Memorial Hospital	R. A. Silver, MD R. L. Reger, RT
Hammond	
St. Margaret Hospital	C. Rosenthal, MD W. M. Keller, RT, RN
Indianapolis	
Community Hospital Mallory Technical Institute	C. C. Taylor, MD R. R. Heazeltine, RT
Indiana University	C. H. Helman, MD S. Kehrein, RT
Methodist Hospital of Indiana, Inc.	J. F. Dillon, MD V. England, RT
St. Vincent's Hospital Mallory Technical Institute	J. L. Morton, MD B. E. Bruton, RT
Winona Memorial Hospital Methodist Hospital for Pediatrics	S. Capdti, Jr., MD C. C. Summers, RT
Kokomo	
St. Joseph Memorial Hospital Indiana University	M. M. Sekulich, MD
Marion	
Marion General Hospital	W. J. Comeau, Jr., MD P. L. Owens, RT
Michigan City	
Memorial Hospital-St. Anthony Hospital Northwest Regional Instiute	C. R. Plank, MD D. A. Zalac, MD T. E. Harder, RT
Muncie	
Ball Memorial Hospital	D. R. Taylor, MD W. L. Berry, RT
Richmond	
Reid Memorial Hospital	J. C. Spellmeyer, MD P. W. Ballinger, RT
South Bend	
Memorial Hospital Indiana University, Bloomington	W. Tirman, MD R. D. Scott, RT
Terre Haute	
St. Anthony Hospital Indiana State University; St. Francis Hospital, Beech Grove	T. W. Hogan, MD Sr. M. Luke, RT
Valparaiso	
Porter Memorial Hospital	E. Tufekcloglu, MD G. A. Janssen, RT
Vincennes	
Good Samaritan Hospital	M. S. Floyd, MD T. M. Fausnacht, RT ◄

Federally Approved Rehabilitation Centers in Indiana

CLARK COUNTY

Southeastern Indiana Rehabilitation Center, Inc.
1329 Applegate Lane
Clarksville, Indiana 47130

ELKHART COUNTY

The Rehabilitation Center
702 Williams Street
Elkhart, Indiana 46514

MARION COUNTY

Crossroads Rehabilitation Center
3242 Sutherland Avenue
Indianapolis, Indiana 46205

VANDERBURGH COUNTY

The Rehabilitation Center
3701 Bellemeade Avenue
Evansville, Indiana 47715

Outpatient Mental Health Facilities In the State of Indiana: 1972

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, Ind. 46202, Division on Mental Illness, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311.

Eldred F. Hardtke, M.D., Medical Director.

*Mental Health Clinic of Monroe County, 619 West First Street, 47401. (812) 339-1691.

Edward E. Cureton, M.D., Medical Director.

Columbus

Quinco Center, 1541 Hutchins Avenue 47201 (812) 372-2503

George C. Weinland, M.D., Medical Director. Eugene Hall, Adm.

Elkhart

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 294-3551.

Otto D. Klassen, M.D., Medical Director. Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Adult Mental Health Center, Inc., 415 Mulberry Street, 47713. (812) 423-7791.

John P. Longstaff, M.D., Medical Director. Robert M. Spear, Business Administrator.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227.

Lillian Moulton, M.D., Medical Director.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776.

Joseph P. Fiacable, M.D., Director of Adult Division.

Robert L. Greenlee, M.D., Director of Children's Division.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031.

Krystyna Sklenarz, M.D., Medical Director. Mrs. Mary E. Redfox, Business Administrator.

**Northwest Area Office, 8125 Kennedy Avenue, Highland, Indiana (219) 972-1150.

Ross Z. Stanton, Administrator.

* Partially supported by the Indiana Department of Mental Health.

** Completely supported by the Indiana Department of Mental Health.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 264-7422.

John E. Kooiker, M.D., Medical Director.

**Central State Hospital Clinic—Alcoholism —Cottage 5, 3000 West Washington St., 46222. (317) 639-5304.

William VanOsdol, M.D., Unit Chief. Mrs. Deanne K. Peer, Administrator

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381.

Edward C. Shipley, M.D., Medical Director. Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46202. (317) 264-4974.

Omkar Markand, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538.

David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director.

**Larue D. Carter Memorial Hospital — Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401.

Joseph A. FitzGerald, M.D., Director.

Community Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7621.

James J. Wright, M.D. Medical Director. Harry G. Harrier, Executive Director.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 264-8747.

Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 636-7363.

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-8162.

Nancy Roeske, M.D., Director.

Veteran's Administration Regional Office, Mental Hygiene Clinic, 36 South Pennsylvania St., 46204. (317) 635-7401.

John W. Crawford, M.D., Medical Director. E. U. Robinson, M.D., Assistant Chief.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 207 West 13th Street 47130. (812) 283-4491.

Joseph B. Brill, M.D., Medical Director. John Case, Administrator.

Kokomo

Howard County Regional Mental Health Center, 3500 S. Lafountain St. 46901. (317) 453-7801.

John A. Bowman, M.D., Medical Director. James Jones, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. (317) 749-2754.

John M. Hadley, Ph.D., Director.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302.

Franz L. Geerearts, M.D., Medical Director. Mrs. Norma R. Wolf, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6328.

Heracleo Matheu, M.D., Medical Director. David Barnett, ACSW, Administrator.

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611.

Donald B. Rogers, M.D., Medical Director. Ott B. McAtee, M.D., Administrator.

Continued

MENTAL HEALTH

Continued

Marion

Grant-Blackford County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631.

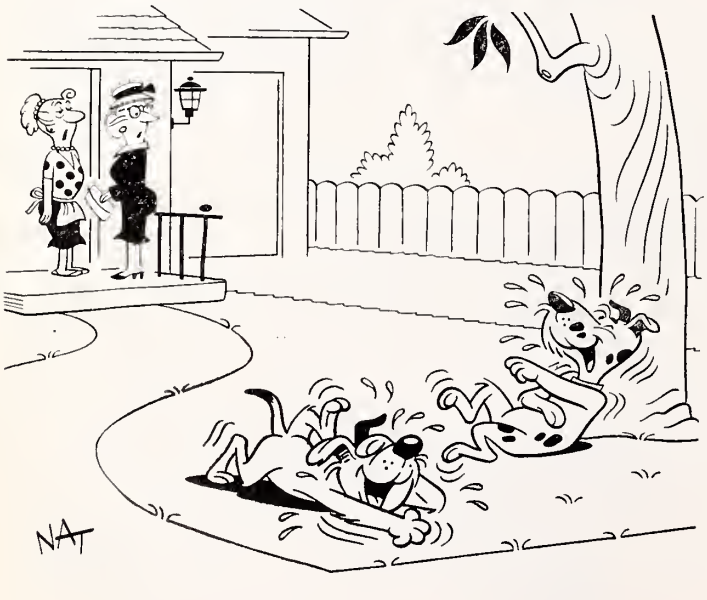
Larry K. Musselman, M.D., Medical Director. John Brubaker, ACSW, Executive Director.

Michigan City

*LaPorte County Comprehensive Mental Health Council, Inc., 1304 Jefferson Avenue — LaPorte. 627 Pine Street — Michigan City, Indiana 46360. (219) 872-7279.

Alvara Moreira, M.D., Medical Director Joseph Stephens, Adm.

"Millions of Americans would benefit more from changing their dietary habits, losing weight, exercising, stopping cigarette smoking and cutting down or ending their consumption of alcohol and other drugs than from having more physicians and more hospitals available to treat them after their bad habits laid them low."—**Harry Schwartz in the** *New York Times.*



"They're telling shaggy man stories."

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928.

John L. Yarling, M.D., Medical Director. Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523.

Robert W. Schmitt, M.D., Medical Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 711 Colfax Avenue 46617. (219) 234-0061.

Harold G. Nichols, M.D., Medical Director. Bernard Janas, Business Administrator.

Terre Haute

*Katherine Hamilton Mental Health Center 620 Eighth Avenue 47804. (812) 232-1181.

William C. Shriner, M.D., Medical Director. Bryce West, Administrator.

Valparaiso

Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-4105.

Myron E. Berkson, M.D., Medical Director. Mrs. Edith Parsons, Administrator.

Vincennes

*Vincennes Comprehensive Mental Health Center, Good Samaritan Hospital, 520 South Seventh Street 47591. (812) 885-3291.

Frederick H. Buehl, M.D., Medical Director, Earl Stanley, Business Administrator.

Warsaw

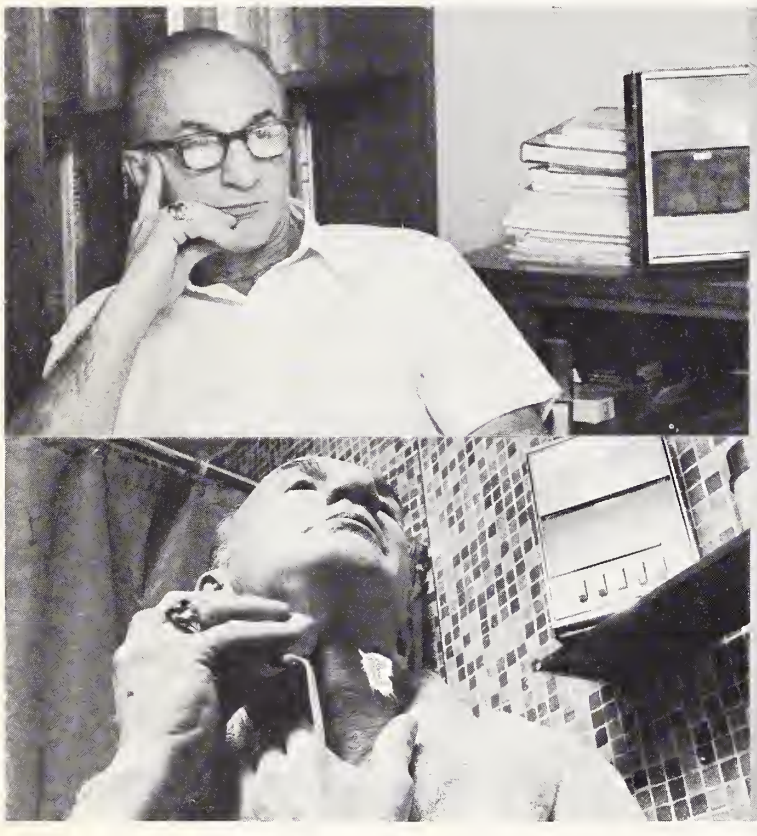
*Five County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169.

William Kurosky, ACSW, Administrator. ◄


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Approved Hospitals in Indiana*

April 1, 1972

**INDICATES APPROVED MEDICARE HOSPITAL

ADAMS COUNTY

**Adams County Memorial Hospital.
804 Mercer Ave., Decatur.
Mr. Edwin H. Kauffman, Adm.
Beds: 72

ALLEN COUNTY

**Irene Byron Hospital.
12515 Lima Rd., R.R. 13, Fort Wayne
O.T. Kidder, M.D., Supt. & Med. Dir.
Beds: 188

**Parkview Memorial Hospital, Inc.
2200 Randalia Dr., Fort Wayne.
Mr. Mark Slen, Adm.
Bed: 595

**St. Joseph's Hospital of Fort Wayne, Inc.
700 Broadway, Fort Wayne.
Sister M. Joann Facha, Adm.
Beds: 414

**The Lutheran Hospital of Fort Wayne.
3024 Fairfield Ave., Fort Wayne.
Mr. Edgar C. Kruse, Adm.
Beds: 521

BARTHOLOMEW COUNTY

**Bartholomew County Hospital.
2400 East 17th St., Columbus.
Mr. Robert S. Borczon, Adm.
Beds: 232

BLACKFORD COUNTY

**Blackford County Hospital.
503 E. Van Cleve St., Hartford City.
Mr. Warren O. Phemister, Adm.
Beds: 54

BOONE COUNTY

**Witham Memorial Hospital.
1124 N. Lebanon St., Lebanon.
Mr. John H. Luff, Adm.
Beds: 73

CASS COUNTY

**Memorial Hospital.
1101 Michigan Ave., Logansport.
Mr. Herbert L. Fromm, Adm.
Beds: 135

**St. Joseph Hospital.
26th and North Sts., Logansport.
Sister M. Vincetta Traffas, Adm.
Beds: 87

CLARK COUNTY

**Clark County Memorial Hospital.
210 Sparks Ave., Jeffersonville.
Mr. Ben Hesen, Adm.
Beds: 242

CLAY COUNTY

**Clay County Hospital.
1206 E. National Ave., Brazil.
Mr. Richard G. Shedd, Adm.
Beds: 96

CLINTON COUNTY

**Clinton County Hospital.
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

**Daviess County Hospital.
1314 Grand Ave., Washington.
Mr. William D. Gibson, Adm.
Beds: 134

DEARBORN COUNTY

**Dearborn County Hospital.
600 Wilson Creek Rd., Lawrenceburg.
Mr. Homer Conner, Adm.
Beds. 113

DECATUR COUNTY

**Decatur County Memorial Hospital.
720 N. Lincoln St., Greensburg.
Mr. Bernard Harvey, Adm.
Beds: 84

DEKALB COUNTY

**DeKalb Memorial Hospital, Inc.
East Seventh St., Auburn.
Mr. L. C. Baker, Adm.
Beds: 87

**Garrett Community Hospital, Inc.
220 S. Ijams St., Garrett.
Mr. Richard J. Hollis, Adm.
Beds: 30

DELAWARE COUNTY

**Ball Memorial Hospital.
2401 University Ave., Muncie.
Mr. Walter G. Ebert, Adm.
Beds: 559

DUBOIS COUNTY

**Memorial Hospital.
(Little Company of Mary of Indiana, Inc.)
800 West 9th St., Jasper.
Sister Nancy Boyle, Adm.
Beds: 78

**St. Joseph's Hospital.
Leland Heights, Huntingburg.
Mr. Norman Wright, Adm.
Beds: 87

ELKHART COUNTY

**Elkhart General Hospital.
600 East Boulevard, Elkhart.
Mr. Emery K. Zimmerman, Adm.
Beds: 295

Continued

* Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.

APPROVED HOSPITALS

Continued

****Goshen General Hospital.**
200 High Park Avenue, Goshen.
Mr. John H. Shephard, Adm.
Beds: 166

FAYETTE COUNTY

****Fayette Memorial Hospital.**
1941 Virginia Ave., Connersville.
Mr. Paul Strube, Adm.
Beds: 112

FLOYD COUNTY

****Memorial Hospital**
1850 State St., New Albany.
Mr. William I. Fender, Jr., Adm.
Beds: 260

FULTON COUNTY

****Woodlawn Hospital.**
624 Pontiac St., Rochester.
Mr. Donald J. Logue, Adm.
Beds: 61

GIBSON COUNTY

****Gibson General Hospital.**
1808 Sherman Drive, Princeton.
Mr. Herman A. Kohlman, Adm.
Beds: 118

****Wirth Osteopathic Hospital.**
Highway 64, West, Oakland City.
Mr. John Adams, Adm.
Beds: 35

GRANT COUNTY

****Marion General Hospital.**
Wabash and Euclid, Marion.
Mr. John W. Green, Adm.
Beds: 282

GREENE COUNTY

****Freeman Greene County Hospital.**
410 "A" St., N.E., Linton.
Mr. Franklin K. Parker, Adm.
Beds: 66

HAMILTON COUNTY

****Riverview Hospital.**
395 Westfield Rd., Noblesville.
Mr. Peter R. Mariani, Adm.
Beds: 156

HANCOCK COUNTY

****Hancock County Memorial Hospital.**
300 North State Street, Greenfield.
Mr. C. L. Morris, Adm.
Beds: 128

HARRISON COUNTY

****Harrison County Hospital.**
R. R. 4, Box 75, Corydon.
Mr. Norman Penick, Adm.
Beds: 49

HENDRICKS COUNTY

****Hendricks County Hospital.**
1000 E. Main St., Danville.
Mr. Harry T. Haver, Jr., Adm.
Beds: 127

HENRY COUNTY

****Henry County Hospital.**
1000 N. 16th, New Castle.
Mr. Darryl E. Wahler, Adm.
Beds: 191

HOWARD COUNTY

****Howard Community Hospital.**
3500 S. LaFountain St., Kokomo.
Mr. George R. Banjak, Adm.
Beds: 148

****St. Joseph Memorial Hospital.**
1907 W. Sycamore St., Kokomo.
Sister M. Martin C.S.J., Adm.
Beds: 253

HUNTINGTON COUNTY

****Huntington County Hospital.**
1215 Etna Ave., Huntington.
Mr. Howard F. Vire, Adm.
Beds: 100

JACKSON COUNTY

****Jackson County Schneck Memorial Hospital.**
Bruce and Poplar St., Seymour.
Mr. George H. James, Adm.
Beds: 112

JASPER COUNTY

****Jasper County Hospital.**
E. Grace St., Rensselaer.
Mrs. Ruth Schumaker, Adm.
Beds: 60

JAY COUNTY

****Jay County Hospital.**
505 W. Arch St., Portland.
Mr. Warren Phemister, Adm.
Beds: 100

JEFFERSON COUNTY

****The King's Daughters' Hospital.**
112 Presbyterian Ave., Madison.
Mr. W. A. McAlexander, Adm.
Beds: 130

JOHNSON COUNTY

Indiana Masonic Home Hospital.
690 South State St., Franklin.
Mr. Roy Turner, Jr., Supt.
Mr. Lowell C. Stanley, Adm.
Beds: 197

****Johnson County Memorial Hospital.**
P.O. Box 368, Franklin.
Mr. George P. Goshorn, Adm.
Beds: 185

KNOX COUNTY

****Good Samaritan Hospital.**
410 S. 7th St., Vincennes.
Mr. Charles Arends, Adm.
Beds: 232

KOSCIUSKO COUNTY

**Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mr. Robert A. Berryman, Adm.
Beds: 84

LAGRANGE COUNTY

**LaGrange County Hospital.
R.R. 1, LaGrange.
Mr. Wayne E. Gulley, Adm.
Beds: 75

LAKE COUNTY

**James O. Parramore Hospital.
2600 West 93rd Ave., Crown Point.
Norman J. Wilson, M.D., Med. Dir. & Supt.
Beds: 88

**Our Lady of Mercy Hospital.
U. S. Highway 30, Dyer.
Sister Mary Marcia Wilhelmi, R.S.M., Adm.
Beds: 220

**St. Catherine Hospital of East Chicago.
4321 Fir St., East Chicago.
Sister M. Stephen Brueggeman, Adm.
Beds: 411

**St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Doris Hodges, Adm.
Beds: 554

**St. Mary Mercy Hospital of Gary, Inc.
540 Tyler St., Gary.
Paul C. Bellendorf, Adm.
Beds: 290

**The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Ph.D., Adm.
Beds: 466

LAPORTE COUNTY

**LaPorte Hospital, Inc.
205 "E" St., LaPorte.
Mr. David D. Kramer, Adm.
Beds: 170

**Memorial Hospital of Michigan City.
5th and Pine Sts., Michigan City.
Mr. Frederick H. Kerr, Adm.
Beds: 101

**St. Anthony Hospital.
301 W. Homer St., Michigan City.
Sister M. Verenis, Adm.
Beds: 190

**Walters Hospital, Inc.
3714 S. Franklin St., Michigan City.
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

**Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mr. Maurice L. Gray, Adm.
Beds: 124

**Bedford Medical Center — Eugene B Crowe Community Hospital.
2900 West 16th St., Bedford
Mr. Donald W. Dodds, Adm.
Beds: 117

MADISON COUNTY

**Community Hospital of Anderson and Madison County.
1515 N. Madison Ave., Anderson.
Mr. Louis H. Furlong, Adm.
Beds: 225

**Mercy Hospital, Inc.
1331 South "A" St., Elwood.
Mr. Edward J. Tapek, Adm.
Beds: 71

**St. John's Hickey Memorial Hospital.
2015 Jackson, Anderson.
Sister Mary Brooks, Adm.
Beds: 330

MARION COUNTY

**Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave., Indianapolis.
Allen M. Hicks, Pres.
Beds: 580

**Indiana University Hospital.
1100 W. Michigan St., Indianapolis.
Mr. Elton T. Ridley, Dir.
Beds: 553

**Marion County General Hospital.
960 Locke St., Indianapolis.
Arvine G. Popplewell, M.D., Dir. of Hosps.
Mr. Robert C. Kidd II, Adm.
Beds: 678

**Methodist Hospital of Indiana, Inc.
1604 N. Capitol Ave., Indianapolis.
Mr. Jack A. L. Hahn, President.
Mr. Bryan A. Rogers, Adm.
Beds: 1,045

**St. Francis Hospital.
101 N. Seventeenth St., Beech Grove.
Sister M. Sponsaria, Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 306

**St. Vincent Hospital.
120 W. Fall Creek Parkway, Indianapolis.
Sister Carlos McDonnell, Adm.
Beds: 313

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis.
Mr. Raymond E. Laughlin, Adm.
Beds: 122

**Winona Memorial Hospital.
3202 N. Meridian St., Indianapolis.
Bryon L. Steger, M.D., Exec. V. Pres.
Beds: 401

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen.
Mr. Robert Moat, Adm.
Beds: 18

**Marshall County Parkview Hospital.
1401 N. Michigan St., Plymouth.
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 76

MIAMI COUNTY

**Dukes Memorial Hospital.
275 West 12th St., Peru.
Mr. Robert L. Allman, Adm.
Beds: 104

Continued

APPROVED HOSPITALS

Continued

MONROE COUNTY

****Bloomington Hospital.**
605-625 W. Second St., Bloomington.
Mr. Roland E. Kohr, Adm.
Beds: 218

MONTGOMERY COUNTY

****Montgomery County Culver Union Hospital.**
308 Binford St., Crawfordsville.
Mr. William Stoltz, Adm.
Beds: 146

MORGAN COUNTY

****Kendrick Memorial Hospital, Inc.**
130 N. Indiana St., Mooresville.
William Kendrick, M.D., Adm.
Beds: 28

****Morgan County Memorial Hospital.**
2209 John R. Wooden Dr., Martinsville.
Mr. Ernest Baughman, Adm.
Beds: 92

NEWTON COUNTY

****George Ade Memorial Hospital.**
Brook, Ind.
Mrs. Helen M. Borman, Adm.
Beds: 63

NOBLE COUNTY

****McCray Memorial Hospital.**
South Park Dr., Kendallville.
Mr. Dale D. Cochard, Adm.
Beds: 70

ORANGE COUNTY

****Orange County Hospital.**
Sandy Hook Road, Paoli.
Mr. W. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

****Perry County Memorial Hospital.**
Box H, Tell City
Mr. U. J. Bender, Adm.
Beds: 55

PORTER COUNTY

****Porter Memorial Hospital.**
814 LaPorte Ave., Valparaiso.
Mr. Arthur S. Malasto, Adm.
Beds: 340

PULASKI COUNTY

****Pulaski Memorial Hospital.**
State Road 14, East, Winamac.
Mr. Theodore H. Kittell, Adm.
Beds: 39

PUTNAM COUNTY

****Putnam County Hospital.**
330 Greenwood Ave., Greencastle.
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

****Randolph County Hospital.**
Greenville Ave., Winchester.
Mr. Maurice Hutcherson, Adm.
Beds: 69

****Union City Memorial Hospital Association.**
900 N. Columbia St., Union City.
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

****Margaret Mary Community Hospital.**
R. R. 3, Batesville.
Mr. Wilbur L. Mauzy, Adm.
Beds: 75

RUSH COUNTY

****Rush Memorial Hospital.**
1300 N. Main St., Rushville.
Mr. Edward Kucinski, Adm.
Beds: 80

ST. JOSEPH COUNTY

****Healthwin Hospital.**
20531 West Darden Road, South Bend.
Mr. Donald F. Henry, Adm.
Beds: 127

****Memorial Hospital of South Bend.**
615 N. Michigan St., South Bend.
Mr. Richard W. Trenkner, Adm.
Beds: 370

****St. Joseph Hospital.**
215 W. 4th St., Mishawaka.
Mr. Paul Kaiser, Adm.
Beds: 117

****St. Joseph's Hospital.**
811 E. Madison St., South Bend.
Sister Margo Cain. Adm.
Beds: 344

****South Bend Osteopathic Hospital.**
2515 E. Jefferson Blvd., South Bend.
A. F. Kull, D.O., Adm.
Beds: 105

SCOTT COUNTY

****Scott County Memorial Hospital.**
Highway 31 North, Scottsburg.
Mr. M. Kenneth Mumford, Adm.
Beds: 64

SHELBY COUNTY

****William S. Major Hospital.**
150 W. Washington St., Shelbyville.
Mr. John R. Webb, Adm.
Beds: 95

STARKE COUNTY

****Starke Memorial Hospital.**
102 E. Culver Road, Knox.
Mr. James W. Gordon, Adm.
Beds: 77

STEUBEN COUNTY

****Cameron Memorial Hospitals**
416 E. Maumee, Angola.
Mr. F. W. Schwerin, Adm.
Beds: 50

****Elmhurst Hospital, Inc.**
909 W. Maumee, Angola.
Mr. Ronald D. Showalter, Adm.
Beds. 21

SULLIVAN COUNTY

****Mary Sherman Hospital.**
320 N. Section St., Sullivan.
Mr. William H. Sluder, Adm.
Beds: 104

TIPPECANOE COUNTY

****Lafayette Home Hospital, Inc.**
2400 E. South St., Lafayette.
Mr. Franklin E. Simek, Adm.
Beds: 248

Purdue University Student Hospital
West Lafayette, Ind.
Loyal W. Combs, M.D., Dir.
Beds: 54

****St. Elizabeth Hospital.**
1501 Hartford Street, Lafayette.
Mr. Paul E. Hess, Adm.
Beds: 376

TIPTON COUNTY

****Tipton County Memorial Hospital.**
1032 South Main Street, Tipton.
Mr. James C. Talley, Adm.
Beds: 71

VANDERBURGH COUNTY

****Deaconess Hospital, Inc.**
600-700 Mary St., Evansville.
Mr. David A. Johnson, Adm.
Beds: 584

****St. Mary's Hospital, Inc.**
3700 Washington Ave., Evansville.
Sister Juliana Beuerlein, Adm.
Beds: 421

****Welborn Memorial Baptist Hospital, Inc.**
412 S.E. 4th St., Evansville.
Mr. Nolan R. Lackey, Pres.
Beds: 348

VERMILLION COUNTY

****Vermillion County Hospital.**
801 S. Main St., Clinton.
Mr. Thomas Lester McGehee, Adm.
Beds: 72

VIGO COUNTY

****St. Anthony Hospital.**
1021 S. 6th St., Terre Haute.
Sister M. Henrita, Adm.
Beds: 288

****Union Hospital, Inc.**
1606 N. 7th St., Terre Haute.
Mr. Frank Shelton, Adm.
Beds: 327

WABASH COUNTY

****Wabash County Hospital.**
670 N. East St., Wabash.
Mr. Gerald E. Almond, Adm.
Beds: 129

WARREN COUNTY

****Community Hospital.**
412 N. Monroe St., Williamsport.
Mrs. Norma Hillyer, R.N., Adm.
Beds: 35

WASHINGTON COUNTY

****Washington County Memorial Hospital.**
911 N. Shelby Street, Salem.
Mr. Ralph W. Keyes, Adm.
Beds: 63

WAYNE COUNTY

****Reid Memorial Hospital.**
1401 Chester Blvd., Richmond.
Mr. Kenneth R. Spoon, Adm.
Beds: 324

WELLS COUNTY

****Caylor-Nickel Hospital, Inc., D/B/A Clinic Hospital**
309 S. Main St., Bluffton.
Mr. Paul H. Neely, Adm.
Beds: 164

****Wells Community Hospital.**
1100 S. Main St., Bluffton.
Mr. Paul Bender, Adm.
Beds: 75

WHITE COUNTY

****White County Memorial Hospital.**
1101 O'Conner Blvd., Monticello.
Mr. William R. Saunders, Adm.
Beds: 47

WHITLEY COUNTY

****Whitley County Memorial Hospital.**
353 N. Oak St., Columbia City.
Mr. Robert L. McConnell, Adm.
Beds: 84

List of Indiana Accredited Schools of Professional Nursing Preparing for Licensure As Registered Nurses

INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION

100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204

April, 1972

HOSPITAL PROGRAMS

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Ellen Lynch, R.N., Assoc. Dir.	47747
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	46805
St. Joseph Hospital	Fort Wayne	Miss Josephine Schweier, R.N.	46804
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
Holy Cross	South Bend	Sister M. Blanche, R.N.	46622
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601
St. Anthony Hospital	Terre Haute	Sister M. Alvera, R.N.	47807

BACCALAUREATE DEGREE PROGRAMS

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Mrs. Helen C. Smith, R.N., Dean	47701
Goshen College	Goshen	Miss Verna M. Zimmerman, R.N., Interim Director	46526
DePauw University 1812 N. Capitol	Indianapolis	Mrs. Catherine M. Friddle, R.N., Director	46202
Indiana University (IUPUI) 1232 W. Michigan St.	Indianapolis	Miss Emily Holmquist, R.N., Dean	46202
Ball State University Dept. of Nursing	Muncie	Miss Helen J. Berry, R.N., Head	47306
Indiana State University	Terre Haute	Mrs. Harriet O. Reeves, Acting Dean	47809
Valparaiso University College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Dean	46383

ASSOCIATE DEGREE PROGRAMS

Name of School or Department	Location	Director or Head of Department	Zip Code
University of Evansville ADN Program		Mrs. Helen Shrode, R.N.	47701
Indiana University ADN Programs:			
I.U. Northwest, 3400 Broadway	Gary	Mrs. Doris R. Blaney, R.N.	46408
I.U. P.U.I., 1812 N. Capitol	Indianapolis	Mrs. Patricia Haase, R.N.	46202
I.U. Southeast Warder Park	Jeffersonville	Mrs. Helen Baumann, R.N.	47130
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Miss Virginia R. Sims, R.N.	46227
Purdue University Nursing Sections:			
Ft. Wayne Campus, 2101 Coliseum Blvd.	Ft. Wayne	Mrs. Doris Mack, R.N., Chairman	46805
Calumet Campus, 2233 -171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Indianapolis Campus, 1021 E. 38 St.	Indianapolis	Mrs. Kathleen J. White, R.N., Chairman	46205
Lafayette Campus, S. Campus Courts	Lafayette	Mrs. Dixie Emler, R.N., Chairman	47907
North Central Campus	Westville	Miss Bernice Schaapveld, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Lee Godare, R.N.	47591

*Indiana Accredited Practical Nursing Schools**

April, 1972

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Public Schools 325 W. 38th St., Anderson	46014	Mrs. Gwen Whobrey, R.N. Director
Indiana Vocational Technical College White River Valley Regional Institute School of Practical Nursing 619 W. First Street, Bloomington	47401	Mrs. Dorothy Wray, R.N.
School of Practical Nursing Bartholomew Consol. School Corp 2650 Home Avenue, Columbus	47201	Mrs. Hazel Miranda, R.N. Instructor- Supervisor
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1216 E. Illinois, Evansville	47711	Miss Joyce Stevens, R.N. Director
School of Practical Nursing Fort Wayne Community Schools, 203 E. Douglas, Fort Wayne	46802	George F. Walls, R.N. Director
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond	46323	Miss Esther F. Ramsay, R.N. Director
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Street, Indianapolis	46201	Mrs. Marguerite F. Clark, R.N. Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N. Director-Coordinator
Indiana Vocational Technical College Tippewa Regional Institute School of Practical Nursing 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N. Act'g. Director
Marion Community School of Practical Nursing Marion Community Schools, 716 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N. Instructor-Supervisor
Indiana Vocational Technical College Northwest Regional Institute School of Practical Nursing 301 Homer Street, Michigan City	46360	Miss Virginia Melevage, R.N. Director
Muncie School of Practical Nursing Ball Memorial Hospital, Muncie	47303	Mrs. Norma Lewis, R.N. Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N. Director-Instructor
Richmond School of Practical Nursing Reid Memorial Hospital, Richmond	47374	Mrs. Doris Mettert, R.N. Director
Indiana Vocational Technical College St. Joseph Valley Regional Institute School of Practical Nursing 1534 W. Sample St., South Bend	46619	Miss Dorothy Bupp, R.N. Department Chairman
Indiana Vocational Technical College Wabash Valley Technical Institute School of Practical Nursing R. R. 22, Box 450, Terre Haute	47802	Miss Betty Beauchamp, R.N. Division Chairman
Vincennes University Practical Nurse Program, Vincennes	47591	Mrs. Marjorie R. Miller, R.N. Director-Instructor

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Licensed Nursing Homes In Indiana

May, 1972

**INDICATES FEDERALLY APPROVED EXTENDED CARE FACILITY

ADAMS COUNTY

Adams County Home
Route 6, Decatur 46733
Leo and Betty Feasel, Adms.

Berne Nursing Home
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Decatur Community Care Center
1145 Mercer Ave.,
Decatur 46733
Myron L. Bradburn, Adm.

Swiss Village, Inc.
Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Allen County Health Center
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave.,
Fort Wayne 46803
Lyle B. Crow and Jeanne E. Crow, Adms.

Glenacres, Inc.
3420 E. State St.,
Fort Wayne 46805
Casto Ball, Adm.

Golden Years Homestead
8300 Maysville Road,
Fort Wayne 46805
Paul Grimm, Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave.,
Fort Wayne 46805
Herman H. Aspacher, Adm.

Lutheran Homes, Inc.
6701 S. Anthony Blvd., Ft. Wayne 46806
Fred Nieno, Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave.,
Ft. Wayne 46805
Anthony L. Sprenger, Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne 46805
John F. Martin, Adm.

The Towne House
2209 St. Joe Center Rd., Ft. Wayne 46805
Roger N. Litzenberger, Adm.

Towne House Health Center
5544 E. State Blvd., Fort Wayne 46805
Doyle Carpenter, Adm.

****Turtle Creek Convalescent Centre of Fort Wayne, Inc.**
2001 Hobson Rd., Fort Wayne 46805
Edward A. Ross, Jr., Adm.

Turtle Creek Convalescent Center of Fort Wayne Sonth
2626 Fairfield Ave.,
Fort Wayne 46807
Gary D. Neterer, Adm.

Twin Maples Sanatarium
734 W. Washington Blvd., Fort Wayne 46804
Laszlo and Elizabeth Szegedy, Adms.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

Columbus Nursing Home
5400 E. 25th Street,
Columbus 47201
Jan Dawson, L.P.N., Adm.

****Extendicare/Columbus**
2100 Midway St.,
Columbus 47201
Elizabeth Kerns, Adm.

The Four Seasons Home
1901 Taylor Road,
Columbus 47201
John Allbritten, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Betty Miller, Adm.

Luther Nursing Home
837 Fourth St., Columbus 47201
Mary Luther, Adm.

Powell's Nursing Home
R. R. 4, Columbus 47201
Betty Powell, Adm.

Shady Nook Rest Home
R. R. 8, Columbus 47201
Louanna Niemoeller, Adm.

BENTON COUNTY

Benton County Home
R. R. 1, Oxford 47971
Frank Flynn, Adm.

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Edge-Wood View
Oxford 47971
Rosemary Eddy, Adm.

Green Hill Manor, Inc.
501 N. Lincoln Ave.,
Fowler 47944
Edith Dexter, R.N. & Connie Brouillette, Adms.

BLACKFORD COUNTY

Green Acres Blackford County Home
R. R. 1, Hartford City 47348
Cora N. Anderson, L.P.N., Adm.

Willow Hall
715 N. Mill St.,
Hartford City 47348
Calvin Clamme, Adm.

BOONE COUNTY

English Nursing Home, Inc.
1015 N. Lebanon, Lebanon 46052
Frank H. English, Adm.

The Hoosier Village
5300 W. 96th St., Indianapolis 46268
Charles R. Kendrich, Adm.

Lebanon Nursing Home
301 W. Essex, Lebanon 46052
Rita G. Johnson, R.N., Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Margaret E. Hine, Adm.

CARROLL COUNTY

Brethren's Home of Indiana, Inc.
R. R. 2, Flora 46929
Robert P. Bischof, Adm.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport 46947
Mabel Frey, Adm.

**Chase Manor Nursing and Convalescent Center
1 Chase Park, Logansport 46947
Charles J. Harmon, Adm.

The Neal Home
2518 George St., Logansport 46947
Mary A. Curless, Adm.

CLARK COUNTY

****Extendicare/Clarksville, Inc.**
517 N. Hallmark Dr., Clarksville 47130
David V. Hall, Adm.

****Hillcrest Nursing Home, Inc.**
203 Sparks Ave., Jeffersonville 47130
Lee Roy E. Martin, Adm.

Jeffersonville Nursing Nome
1720 E. Eighth St., Jeffersonville 47130
David M. Ragland, Adm.

Kentuckiana Christian Home, Inc.
Route 2, Box 39, Charlestown 47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville 47130
Marie Cundiff, Adm.

O'Brien Rest Home
318 W. Market St., Jeffersonville 47130
Mary A. O'Brien, Adm.

CLAY COUNTY

Clay County Health Center, Inc.
1408 E. Hendrix Street, Brazil 47834
Robert W. MacBeth, Adm.

MaCanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Madge Scobell, Adm.

Wilson Nursing Home
R. R. 5, Brazil 47834
Juanita Mayle, L.P.N., Adm.

CLINTON COUNTY

Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Snavely, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Everett Brock, Adm.

Frankfort Nursing Home
1234 Rossville Ave., Frankfort 46041
Marilyn Sue Doub, R.N., Adm.

Milner Community Health Care, Inc.
Box 15, Rossville 46065
Robert E. Hine, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry 46058
Gerald G. North, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Bertha D. Garten Ketcham Memorial Center, Inc.
601 E. Race Street, Odon 47562
Irven D. Meyers, Adm.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Shadyheights Nursing Home, Inc.
1109 National Highway, Washington 47501
Irene Wolske, Adm.

Washington Nursing Center, Inc.
603 E. National Highway, Washington 47501
Charles R. Gabhart, Adm.

DEARBORN COUNTY

Dillsboro Manor
Box 66, Dillsboro 47018
Dellas and Dorthea Ross, Adms.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur McMullen, Adm.

****Terrace View ECF**
403 Bielby Rd., Lawrenceburg 47025
Joseph Henderson, Adm.

DECATUR COUNTY

Greensburg Hospitality Nursing Center, Inc.
410 Park Road, Greensburg 47240
Willard Rowland, L.P.N., Adm.

Laverne Nursing Home
Westport 47283
Peggy L. V. Waltermire, L.P.N., Adm.

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg 47240
Barbara J. Mouser, Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Charles R. Carter, Adm.

Slone Nursing Home
R. R. 4, Greensburg 47240
Marie Slone, Adm.

DEKALB COUNTY

Betz Nursing Home
R. R. 3, Auburn 46706
Doris M. Betz, L.P.N., Adm.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Harriett V. Angus, R.N., Adm.

****Glen Oaks Nursing Home**
E. Seventh St., St. Rd. 8 Auburn 46706
Kathryn E. Larrance, R.N., Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Louis Crissman, L.P.N., Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler 46721
Louis Crissman, L.P.N., Adm.

Southview Nursing Home
131 W. Depot St., Butler 46721
Eugene L. Harrold, Adm.

DELAWARE COUNTY

Chrystal's Country Home
R. R. 1, Selma 47383
Chrystal V. Steele, L.P.N., Adm.

Delaware County Home
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Raymond E. LeFevre, Adm.

NURSING HOMES

Continued

Faulkner Rest Home
633 Gavin St., Muncie 47302
Edgar Faulkner, Adm.

Golden Rule Nursing Home
502 N. Madison Ave.,
Gaston 47342
James Nash, Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie 47305
William Harty, Adm.

Morgan-Nickols Residential Club
175 Kilgore, Muncie 47305
Peggy K. Polk, Adm.

****Parkview Nursing Home**
2200 White River Blvd., Muncie 47303
Constance Nickols, Adm.

Riverview Convalescent Home
R. R. 2, Burlington Dr., Muncie 47302
Larry Harty, Adm.

Shady Haven Rest Home
R. R. 9, Bethel Pike, Muncie 47302
Jessie Starks, L.P.N., Adm.

Sylvester Home for the Aged
R. R. 2, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
3600 W. Jackson St.,
Muncie 47304
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Hubster's Boarding Home
1008 Van Buren, Huntingburg 47542
Lillian Hubster, Adm.

Jasper Nursing Center, Inc.
R.R. 2, Jasper 47546
John L. Wehrle, Adm.

Medco Center of Huntingburg
530 Fourth St.,
Huntingburg 47542
Norman Hunter, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Myles Tyler, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Father Philip Ottavi, F.D.P., Adm.

ELKHART COUNTY

****Americana Nursing Center of Elkhart**
343 S. Nappanee St.,
Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

Elkhart Nursing and Convalescent Home, Inc.
2600 Moorehouse, Elkhart 46514
Norman Rust, Adm.

****Fountainview Place**
1001 W. Hively Ave., Elkhart 46514
Lawrence H. Garatoni, Adm.

Goshen Nursing Home
1101 W. Lincoln Ave.,
Goshen 46526
Dorothy Overmeyer, L.P.N., Adm.

Greencroft Nursing Center
2000 South 15th St.,
Goshen 46526
John Liechty, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger Adm.

Maple Shade Convalescent Home
527 S. Main St., Goshen 46526
Kathryn I. Metzger, Adm.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
George and Gracia Nicholson, R.N., Adms.

Peterson Nursing Home
302 E. Lincoln Ave.,
Goshen 46526
Wilbur H. Mowry, Adm.

Rest Haven Home
803 Wolf Ave., Elkhart 46514
Sally L. Caffrey, R.N., Adm.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St.,
Elkhart 46514
Larry LaPrairie, Adm.

FAYETTE COUNTY

Connersville Care Center
2500 Iowa St.,
Connersville 47331
Mary M. Harvey, Adm.

Connersville Nursing Home
2600 N. Grand Ave.,
Connersville 47331
Jeanne Eleanor Krupp, R.N., Adm.

Lincoln Manor Nursing Center
1029 E. Fifth St.
Connersville 47331
Chester O'Neal, Jr., Adm.

FLOYD COUNTY

****Green Valley Convalescent Center**
3118 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

New Albany Nursing Home
1919 Bono Road,
New Albany 47150
John F. Vie, Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, S.P. Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica 47918
Leston and Imogene B. Alward, R.N., Adms.

Tall Trees Nursing and Convalescent Home
303 Second St.,
Covington 47932
William and Kathryn Button, Adms.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Charlotte LeGere, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Carl William Miller II, Adm.

Miller Nursing Home
719 Madison St., Rochester 46975
Helen Miller, Adm.

Rochester Nursing Home
240 E. 18th St., Rochester 46975
Carole G. Paulik, R.N., Adm.

GIBSON COUNTY

Forest Del Convalesent Home
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
305 Carol Ave., Princeton 47570
Larry D. Carlson, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Lloyd Higgins, Adm.

Owensville Convalescent Center
Highway 65, P. O. Box 368 Owensville 47565
Harold Baker, Adm.

GRANT COUNTY

Bradner Village Residential Care Facility, Inc.
505 Bradner Ave., Marion
Michelle M. Brown, Adm.

Calbert's Rose of Sharon, Inc.
204 N. Washington St., Marion 46952
Geneva Rosenberg, Adm.

Ellen Hill Home
710 W. Third St., Marion 46952
Larry D. McKee, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P.O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Lottie Babb, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
Ronald Brown, Adm.

****Wesleyan Nursing Home**
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Bloomfield Nursing Center
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven
Glenburn Rd., R. R. 2, Linton 47441
William Thomas Fisher, Adm.

Linton Nursing Home
1501 East A Street, Linton 47441
Sarah Jane Bernardi, Adm.

Shakamak Good Samaritan Center
Box 163, Ohio Street, Jasonville 47438
Mabel G. Rall, Adm.

HAMILTON COUNTY

Arcadia Rest Home
508 S. East St., Arcadia 46030
Reverend Max Bingham, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Sara Wells, L.P.N., and Mary Lou Ingle, Adms.

Maple Park Health Manor
R. R. 1, Westfield 46074
Rose Marie Sleasman, R.N., Adm.

Noblesville Nursing Home
1791 Greenfield Pike, Noblesville 46060
Arlene M. Nolan, Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Betty Clarkson, L.P.N., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert Higgins, Sr., Adm.

****Turtle Creek Convalescent Centre-Noblesville**
295 Westfield Rd., Noblesville 46060
Kathleen Kelly, R.N., Adm.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Anna May Hines, Adm.

HANCOCK COUNTY

****Colonial Crest Convalescent Center, Inc.**
745 N. Swope St., Greenfield 46140
Larry A. Jones, Adm.

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Bernard H. Beck, Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Lavon Beeson, Adm.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Irene C. Williams, R.N., Adm.

****Twinbrook, Inc.**
R. R. 7, Box 13, Greenfield 46140
Kenneth R. Smith, Adm.

HARRISON COUNTY

Corydon Nursing Home
490 E. High School Rd., R. R. 4, Corydon 47112
Mary A. Bass, L.P.N., Adm.

HENDRICKS COUNTY

Danville Nursing Home
337 W. Lincoln St., Danville 46122
Kay Wheat, R.N., Adm.

****Extendicare/Danville, Inc.**
255 Meadow Drive, Danville 46122
William G. Hope, Adm.

Golden Manor Nursing Home of Brownsburg
Hornaday Rd., Brownsburg 46112
James R. Gephart, Adm.

Golden Rule Nursing Home
St. Rd. 3, 400 East, Danville 46122
Robert Petree, Adm.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

Vinewood Nursing Home
404 North Vine St., Plainfield 46168
Gary Patmore, Adm.

HENRY COUNTY

Henry County Home
N. Memorial Dr., New Castle 47362
Walter Gaddis, Adm.

****Heritage House, Inc., of New Castle, Ind.**
1023 N. 20th St., New Castle 47362
Jim J. Walts, Adm.

Holly Hill Nursing Home
901 N. 16th St., New Castle 47362
Margaret Joyce Kidd, R.N., Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

NURSING HOMES

Continued

New Castle Community Care Center
115 N. 10th Street,
New Castle 47362
Lula M. Haynes, L.P.N., Adm.

New Hope Nursing Home
Lewisville 47352
Robert Baird, Adm.

Rest Haven Nursing Home
420 S. Main Street,
New Castle 47362
Elizabeth Griggs, L.P.N., Adm.

HOWARD COUNTY

****Americana Nursing Center of Kokomo**
3518 S. Lafountain St., Kokomo 46901
John Huber, Adm.

Kokomo Nursing Home
1560 S. Plate St.,
Kokomo 46901
Mary N. Taylor, R.N., Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lulu McNabney, Adm.

****Windsor Estates of Kokomo**
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

****Friendly Nursing Home, Inc.**
1500 Grant St., Huntington 46750
Thomas H. Kramer, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Norman L. Savage, Adm.

Town & County Nursing Home
R. R. 5, North,
Huntington 46750
Michael Wise, Adm.

JACKSON COUNTY

****Jackson Park Convalescent Center, Inc.**
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
James E. Kaley, Adm.

****Lutheran Community Home**
Box 462, 111 W. Church Ave.,
Seymour 47274
Gary T. Hermanson, Adm.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer 47978
Fred Hall, Adm.

Rensselaer Care Center
Highway 114 East,
Rensselaer 47978
Larry Lee Vanderwielen, Adm.

JAY COUNTY

Country Manor Nursing Home, Inc.
Route 2, Dunkirk 47336
Janellyn Antrim, R.N., Adm.

Portland Community Care Center
200 N. Park St.,
Portland 47371
Richard L. May, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

****Hanover Nursing Center**
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George Mayfield, Adm.

Mayfield's Retirement & Rest Home
618 E. Second St.,
Madison 47250
Rosalyn K. Mayfield, Adm.

JENNINGS COUNTY

Johnson's Convalescent Home
113 E. Jackson, North Vernon 47265
Carrel Johnson, Adm.

North Vernon Nursing Home
801 N. Elm Street,
North Vernon 47265
Nora Carlene Bliton, L.P.N., Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin Nursing Home
1130 N. Main St.,
Franklin 46131
Ann Daugherty, R.N., Adm.

Franklin United Methodist Home
1070 W. Jefferson, Franklin 46131
Rev. John M. Fall, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Old State Road 31
Franklin 46131
Roy O. Turner, Adm.

Janie's Nursing Home
651 S. State St., Franklin 46131
Rosemary Stewart, R.N., Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Miriam Snyder, Adm.

****Westminster Village**
U.S. 31 South, Greenwood 46142
Rev. William L. Williams, Adm.

KNOX COUNTY

****Beverly Manor Convalescent Center**
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

Crestview Convalescent Home
Box 136, Old Bruceville Rd.,
Vincennes 47591
Gerald W. Thornberry, Adm.

Freelandville Community Home, Inc.
Highway 59
Freelandville 47535
Lorena Walters, R.N., Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

****Vincennes Nursing Home, Inc.**
1202 S. 16th St., Vincennes 47591
Joe Junod Jr., Adm.

KOSCIUSKO COUNTY

****Alfran Nursing Home**
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

****Miller's Merry Manor**
P.O. Box 387, County Farm Rd.,
Warsaw 46580
Wallace T. and Enid L. Miller, R.N., Adms.

Orn Nursing Home
North Main St., Milford 46542
Glennis Stump, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton 46562
Elson Wilson, L.P.N., Adm.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw 46580
James Bradbury, Adm.

Warsaw Nursing Home
2402 E. Center St., Warsaw 46580
Wilma T. Davenport, R.N., Adm.

LAGRANGE COUNTY

Lagrange Nursing Home
Town Line Rd. & North St., LaGrange 46761
Cecelia Urick, R.N., Adm.

****Miller's Merry Manor, Inc.**
State Road 9 North, LaGrange 46761
Wallace T. Miller, Jr. and Phyllis Ann Miller, Adms.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Marjorie Baker, Adm.

East Side Family Services, Inc.
1948 Massachusetts St., Gary 46400
Tomye Calloway, L.P.N., Adm.

Fuchs' Nursing Home, Inc.
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Gary Convalescent Home, Inc.
386 Mount St., Gary 46406
Joseph Shapiro, M.D., Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary 46409
Lena J. Odum, Adm.

Hammond Whiting Convalescent Center
1000 — 114th St., Whiting 46394
Janet Lane, Adm.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point 46307
Ellen Jayne Bryant, Adm.

Lake County Convalescent Home
2900 W. 93rd Ave., Crown Point 46307
Joseph J. Kish, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home
5011 Maryland St., Gary 46409
David J. Mills, Adm.

****Ross Care Center**
601 W. 61st Ave., Gary 46408
Reginald E. Brown, Adm.

St. Ann's Home
5927 Columbia Ave., Hammond 46320
Arthur W. March, Adm.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Mildred, Adm.

Simmons Loving Care Health Facility
700 E. 21st Ave., Gary 46407
Anna L. Simmons, Adm.

West End Nursing Home, Inc.
1501 Wheeler St., Gary 46406
Henderson D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Sheldon Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Nettie DuSold, Adm.

LAPORTE COUNTY

****Anderson Sanitarium, Inc.**
1702 I St., LaPorte 46350
James L. Anderson, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

Lakeside Health Center, Inc.
802 Highway 20, East, Michigan City 46360
C. Jane Graves, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

Private Home Care (Country Division)
State Road 39, North LaPorte 46350
Roger J. Schofield, Adm.

****Red Oaks Home**
910 S. Carroll Ave., Michigan City 46360
Betty Anderson, R.N., Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City 46360
Mary Ellen Poffenberger, Adm.

LAWRENCE COUNTY

****Extendicare/Bedford**
3121 W. 16th St., Bedford 47421
A. J. Ebbott, Adm.

****Hospitality House**
2122 Norton Lane, Bedford 47421
Maribelle S. Dyer, Adm.

Bedford Nursing Home
514 E. 16th St., Bedford 47421
Avahnelle C. Parham, L.P.N., Adms.

MADISON COUNTY

****Americana Nursing Center of Anderson**
1345 N. Madison Ave., Anderson 46011
A. Wayne Johnson, Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Alma Bradford, Adm.

****Convalescent Centre of Anderson, Inc.**
1809 N. Madison Ave., Anderson 46012
Stephen Joseph Feldman, Adm.

Cook Rest Home
424 Ruddle Ave., Anderson 46012
Harold H. McDonald, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood 46036
Diane E. Blackford, Adm.

****Dickey Nursing Home, Inc.**
1007 N. 9th, Elwood 46036
Louise Dickey, L.P.N., Adm.

The Goble Home
332 W. 11th St., Anderson 46016
Dillard Marcum, Adm.

NURSING HOMES

Continued

Lilly House
416 W. 12th St.,
Anderson 46016
Mary Ellen Bell, Adm.

New Haven Nursing Home
1023 E. Eighth St.,
Anderson 46012
Josephine Wade, L.P.N., Adm.

****Rolling Hills Convalescent Center, Inc.**
1821 Lindburg Rd., Anderson 46012
Bruce Harding, Adm.

The Willows
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age, Inc.
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

The Alpha Home
1910 N. Senate Ave., Indianapolis 46202
Emarita Murphy, Adm.

Althenheim of The United Church Homes, Inc.
2007 N. Capitol Ave.,
Indianapolis 46202
Helen B. Nugent, Adm.

****Americana Nursing Center of Indianapolis, East**
5600 E. 16th St., Indianapolis 46218
Gerald McGowan, Adm.

****Americana Nursing Center of Indianapolis, Midtown**
2012 N. Capitol Ave., Indianapolis 46202
William A. Johnston, Adm.

Anthony Hall Nursing Home
2135 N. Alabama St.,
Indianapolis 46204
Alida VanBiezen, Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Thelma L. Davila, R.N., Adm.

Bel-Terrace Nursing Home
1629-33 N. College Ave.,
Indianapolis 46202
Stephen J. Snyder, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Geneva Watts, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St.,
Indianapolis 46219
Mark Hasten, Adm.

Conner Nursing Home
1408 N. Pennsylvania St.,
Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Convalescent Center**
344 S. Ritter, Indianapolis 46219
Norman T. Gulley, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
John G. Harris, Adm.

Crestview Manor Nursing Home, Central
3650 Central,
Indianapolis 46205
Alberta Nickler, R.N., Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison, Adm.

Emerson Nursing Home
3420 N. Emerson Ave.,
Indianapolis 46218
Shirley Ann Brock, L.P.N., Adm.

Evangelistic Center, Inc.
3518 Shelby St., Indianapolis 46227
Roger T. Qualls, Adm.

Frame Nursing Home
373 N. Holmes Ave.,
Indianapolis 46222
James R. McCarroll, Adm.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Wanda L. Dixon, Adm.

Garfield Park Nursing Home #2
2620 S. Keystone Ave.,
Indianapolis 46203
Thelma B. Vandervort, L.P.N., Adm.

****Greenview Manor, Inc.**
1700 N. Illinois St., Indianapolis 46202
James B. Snavley, Adm.

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mary Jane Nicewander, Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

****Hooverwood**
7001 Hoover Rd., Indianapolis 46260
Lazer D. Brener, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave.,
Indianapolis 46202
Mary Ann Bushman, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr.,
Indianapolis 46224
Rev. Paul C. Ade, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., Adm.

****Marion County Home**
11850 Brookville Rd.,
Indianapolis 46239
Robert F. Oldham, Adm.

Mayfair Home
3240-42 Washington Blvd.,
Indianapolis 46205
Kathryn Leech, Adm.

McKenzie Convalescent Home
2926 N. Capitol Ave.,
Indianapolis 46208
James McKenzie, Adm.

Meridian Nursing Home
2102 S. Meridian Street,
Indianapolis 46225
Janet A. Hess, Adm.

****Northwest Manor Nursing Home**
6440 West 34th St., Indianapolis 46224
Don Smith and Mike Henderson, Adms.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Albert Harris, Jr., Adm.

Pleasant View Rest Home
5000 Southeastern Ave.,
Indianapolis 46203
C. O. Rader, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Angele, Mother Superior, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis 46222
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Rosemary Braun, O.S.B., Adm.

Sarah's Nursing Home
3208 N. Sherman Dr., Indianapolis 46218
Sarah Hill and Dorothy Morrison, Adms.

Southeastern Nursing Home
4743 Southeastern Ave., Indianapolis 46203
Esther Lucile Toll, L.P.N., Adm.

Springer Health Facility
6566 W. Washington St., Indianapolis 46241
Robert and Leona Kenworthy, Adms.

T. Wray Nursing Home
1812 Central, Indianapolis 46202
Thelma Wray, L.P.N., and Mollie Hensley, Adms.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

****Turtle Creek Convalscent Centre–East, Inc.**
1302 N. Lesley Ave., Indianapolis 46219
William K. Senteney, Adm.

Turtle Creek Convalescent Centre –South
525 E. Thompson Rd., Indianapolis 46227
Rosemary Lain, Adm.

****Turtle Creek Convalescent Centre Southeast, Inc.**
2002 Albany Ave., Beech Grove 46107
J. L. Huffer, Adm.

Waddle Nursing Home
2112 N. Delaware St., Indianapolis 46202
Alida Van Biezen, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
Laura E. Weber, Adm.

Westview Nursing Home
5435 West 38th St., Indianapolis 46224
Nancy Robinson, R.N., Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Patricia Beam, Adm.

Kingston Nursing Home
309 Kingston Drive, Plymouth 46563
Mildred Bennett, R.N., Adm.

****Miller's Merry Manor, Inc.**
600 W. Oakhill Ave., Plymouth 46563
V. Richard Miller, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

****Pilgrim Manor Rehabilitation and Convalescent Center**
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

Plymouth Nursing Home
1029 W. Jefferson St., Plymouth 46563
Marie Nier, R.N., Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

Shady Rest Home (Marshall Co. Home)
R. R. 5, Plymouth 46563
Kenneth E. Farney, Adm.

MARTIN COUNTY

Valley View Rest Home
R. R. 4, Loogootee 47553
Homer E. Robertson and Lillian Frye, Adms.

MIAMI COUNTY

****Friendly Nursing Home, Inc.**
317 Blair Pike, Peru 46970
Joe C. Waters, Adm.

Peru Nursing Home
390 West Blvd., Peru 46970
Richard Gibson, Adm.

Sherwood House Nursing Home, Inc.
906 W. Main St., Peru 46970
Leona M. Watts, Adm.



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NURSING HOMES
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MONROE COUNTY

Arbutus Rest Home
R. R. 12, Box 292,
Bloomington 47403
Carroll Moore, Adm.

Bloomington Nursing Home
120 E. Miller Dr.,
Bloomington 47401
Janet Lee Goodley, R.N., Adm.

****Hospitality House, Inc.**
1100 S. Curry Pike,
Bloomington 47401
Fred J. Ponton, Adm.

MONTGOMERY COUNTY

Ben Hur Home, Inc.
1375 S. Grant, Crawfordsville 47933
Esther Houston, Adm.

Carmen Nursing Home
817 N. Whitlock Ave.,
Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home
1001 E. Main St., Ladoga 47954
Opal I. Gephart, Adm.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Lane House, Inc.
1000 Lane Ave.,
Crawfordsville 47933
Richard A. Bowles, L.P.N., and Myra A. Bowles, Adms.

Massengill's Retirement Home
1304 S. Grant Ave.,
Crawfordsville 47933
Joan Massengill, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

Morgantown Nursing Center
140 W. Washington St.,
Morgantown 46160
Thomas Frye, Adm.

Pleasant Hills Nursing Home
E. Columbus St., Martinsville 46151
Merrill St. John, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47591
B. F. and Helen M. Borman, R.N., Adms.

Kentland Nursing Home
720 E. Washington St.,
Kentland 47591
Waneta O'Neil, R.N., Adm.

NOBLE COUNTY

Kendallville Nursing Home
1433 S. Main St.,
Kendallville 46755
Sharon Rutherford, R.N., Adm.

Kneipp Springs
Rome City 46784
Sister Mary Josina, Adm.

Linville Boarding Home
518 E. Diamond, Kendallville 46755
Weltha Linville, Adm.

Luckey Memorial Nursing Home
Highways #33 & #109, Wolflake 46796
Joan L. Roth, R.N., Adm.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Leonard Mattson, Adm.

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Theodora Wessel, R.Ph., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Howard Goodman, Adm.

ORANGE COUNTY

Gorge Nursing Home, Inc.
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., Adm.

Paoli Nursing Home
111 W. Hospital View Rd.,
Paoli 47454
Kay L. Barker, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St.,
Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Castle Shannon Nursing Home
P.O. Box 99, Rockville 47872
Lois McGrannahan, R.N., Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

PERRY COUNTY

****Lincoln Hills Nursing Home, Inc.**
19th and Pestalozzi, Tell City 47586
C. Bayless Conley, Adm.

PIKE COUNTY

****Holiday Home**
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Beverly Shores Nursing Home, Inc.
Jones & Broadway
Beverly Shores 46301
John W. Bragg, Adm.

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso 46383
Rev. James E. Fidler, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home
920 S. Main St., New Harmony 47631
David T. Dennis, Adm.

Medco Center of Mt. Vernon, Indiana
1415 Country Club Rd.,
Mount Vernon 47620
Donald D. Bruce, Adm.

Merimac Nursing Home
P.O. Box 275, Cynthiana 47612
Mary Will, L.P.N., Adm.

PULASKI COUNTY

Winamac Nursing Home
515 East 13th Street,
Winamac 46996
Marie Ritter, L.P.N., Adm.

PUTNAM COUNTY

Asbury Towers
102 W. Poplar St.,
Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home
Main St., Cloverdale 46120
MaDonna Tirsway

Eventide Nursing Home
1306 S. Bloomington St., Greencastle 46135
Mary Jane Gierke, Adm.

Putnam County Home
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Ruark Nursing Home
R. R. 1, Fillmore 46128
Elsie C. Ruark, Adm.

Sunset Manor Nursing Home
1109 S. Indiana St., Greencastle 46135
Jack L. Cross, Adm.

RANDOLPH COUNTY

Parrott's Home
304 W. Sherman St., Lynn 47355
Mary Maxine Parrott, Adm.

Randolph Nursing Home, Inc.
701 S. Oak St.,
Winchester 47394
Everett Rickert, Adm.

RIPLEY COUNTY

Davis Nursing Home
S. Main St., Sunman 47041
Eugene Davis, Adm.

Gray's Nursing Home
R. R. 1, Sunman 47041
Charles L. Gray, Adm.

Health and Hospitality Center, Inc.
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Phyllis Negangard, Adm.

Silver Bell Nursing Home
Highway 421, South,
Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Elizabeth Gorman, Adm.

Hillside Haven
424 North Perkins St.,
Rushville 46173
Mary Todd, R.N., Adm.

Holiday House
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

****Jackson Nursing Home**
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Rowland's Nursing Home
230 E. Seventh St., Rushville 46173
Nora Lee Rowland, Adm.

ST. JOSEPH COUNTY

Cardinal Manor
118 S. William St.,
South Bend 46601
Rosemary E. Mueller, Adm.

****Cardinal Nursing Home, Inc.**
1121 E. LaSalle
South Bend 46601
Thomas E. Squibb, Adm.

****Carlyle Nursing Home**
5024 N. Western Ave., South Bend 46625
Frances Gargano, Adm.

Cedar Crest Manor
109 N. Cedar, Mishawaka 46544
Sandra J. Duncan, Adm.

Dodge Home for Old People
318 E. Third St., Mishawaka 46544
John Di Gann, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave.,
South Bend 46617
Edward L. Finkenbinder, Adm.

Essex Nursing Home
1106 South 20th St.,
South Bend 46615
Hugh O. Erickson, Adm.

Farris Lombardy Home
141 S. Lombardy Dr.,
South Bend 46619
Samuel M. Farris, Adm.

Farris Nursing Home #2
1044 Lincolnway West,
South Bend 46616
Helen H. Farris, Adm.



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NURSING HOMES
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****Golden Age Manor Corporation**
811 East 12th St., Mishawaka 46544
Gloria McCullough, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Mearl L. Dustin, Adm.

Melrose Manor
601 S. Russell St., Mishawaka 46544
Eunice Turner, L.P.N., Adm.

Morningside Nursing Home, Inc.
18325 Bailey Ave., South Bend 46637
Pauline Locks, R.N., Adm.

****Ridgedale Nursing Home**
1950 E. Ridgedale Rd., South Bend 46614
Anna Slusher, Adm.

River Park Nursing Home
915 27th St., South Bend 46615
Nancy J. Jedrzejewski, Adm.

The Robert P. & Clara I. Milton Home, Inc.
206 E. Marion St.,
South Bend 46601
Mrs. T. E. Mauch, Adm.

St. Joseph County Home
53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Walkerton Nursing Home
500 Roosevelt Road, Walkerton 46574
Ruth DeSimone, Adm.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Janet Heilman, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg 47170
William Lippert, Adm.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Patsy R. Ferguson, Adm.

Conover Rest Home
Box 311, Morristown 46161
Charles Conover, Adm.

****The Heritage House Convalescent Center**
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
Kathleen L. Kuhn, Adm.

SPENCER COUNTY

Golden Circle Nursing Center
Highway 68 West, Dale 47523
Jane Thomason, Adm.

Professional Care Nursing Home
Dale 47523
Emma Lou Woolard, Adm.

Rockport Nursing Center, Inc.
815 Washington St., Rockport 47635
Donald R. Thomason, Adm.

STARKE COUNTY

Little Company of Mary Health Facility, Inc.
Route 421, San Pierre 46374
Sister Catherine Krieter, Adm.

The Sheperd's Inn
300 E. Culver Rd.,
Knox 46534
Kenneth G. Crowel, Adm.

STEUBEN COUNTY

Angola Nursing Home
600 N. Williams St., Angola 46703
Marcile R. Foster, R.N., Adm.

Carlin Park Nursing Home, Inc.
North Williams St.,
Angola 46703
Flo Shull, Adm.

Steuben County Rest Home
R. R. 5, Angola 46703
Miss Judith Fuelling, Adm.

SULLIVAN COUNTY

Sullivan County Home
R. R. 5, Sullivan 47882
Kenneth Engle, Adm.

Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
Oliver R. and Mary J. Blubaugh, Adms.

Village Nursing Home
975 N. Section St.
Sullivan 47882
Mildred Walters, R.N., Adm.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Peggy Jackson, Adm.

TIPPECANOE COUNTY

****Americana Nursing Center of Lafayette**
2201 Cason St., Lafayette 47901
Richard Linson, Adm.

Comfort, Inc.
312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Hillcrest Nursing Home
1123 E. South St.,
Lafayette 47901
Debbie Frazier, L.P.N., Adm.

Indiana Knights of Pythias Home
1501 South 18th Street,
Lafayette 47905
Ray C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd.,
W. Lafayette 47906
Miss Opal Williams, Adm.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and Laura L. Peterson, Adms.

Lesley Nursing Home
Buck Creek 47924
Rosina Lesley, Adm.

Tippecanoe County Home
R. R. 1, W. Lafayette 47906
Charles Haan, Adm.

TIPTON COUNTY

The Higgins Home, Inc.
R. R. 1, St. Rd. 19, Tipton 46072
Eileen G. Higgins, L.P.N., Adm.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton 46072
Kenneth R. Enright, Adm.

Tipton Nursing Home
701 E. Jefferson St.,
Tipton 46072
Marcia Ellen DeWitt, R.N.,
Adm.

UNION COUNTY

Park Manor Nursing Home, Inc.
409 E. Union St. Liberty 47353
H. Elain Stubbs, R.N., Adm.

VANDERBURGH COUNTY

Agnes Hawes Boarding Home for the Aged
408 N. Third Ave., Evansville
47710
Agnes Hawes, Adm.

Bethany Rest Home
316 N. Wabash Ave., Evansville
47712
Louise Poole, Adm.

****Bethel Sanitarium, Inc.**
6015 Kratzville Rd., Evansville
47710
Louise Kuiken, R.N., Adm.

Braun's Nursing Home
909 First Ave., Evansville
47710
Ruth H. Braun, L.P.N., Adm.

****The Cardinal Care Center**
2819 North St. Joseph Ave.,
Evansville 47712
David Eisele, Adm.

Christian Manor
923 S. Elliott St., Evansville
47710
Rev. Francis P. Smith, Adm.

****Dellaren Extended Care Center**
816 North First Ave., Evans-
ville 47710
Dorothy A. Arendell, Adm.

Evansville Protestant Home for the Aged
3701 Washington Ave.,
Evansville 47715
Helen E. Kinkle, Adm.

****Gertha's Nursing Home, Inc.**
605 Oakley St., Evansville
47710
Richard Gossman, Sr., Adm.

Good Samaritan Home, Inc.
601 N. Boeke, Evansville
47711
N. R. Allsmiller, Adm.

****Holiday Home**
1201 W. Buena Vista Rd.,
Evansville 47710
Larry E. Dunigan, Adm.

M & R Nursing Home
1100 N. Read St., Evansville
47710
Mrs. Muriel Sprinkle, L.P.N.,
Adm.

McCurdy Residential Center
101 S.E. First St.,
Evansville 47713
Richard Cannon, Adm.

Pine Haven Nursing Home
3401 Stocker Dr., Evansville
47712
Anita M. Stocker, R.N., Adm.

Pleasantview Rest Home (Vanderburgh County Home)
700 Senate Ave.,
Evansville 47711
Jack Harness, Adm.

Quality Care Home
807 S.E. Third St., Evansville
47713
Lee E. Goodman, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St.,
Evansville 47713
Nolan R. Lackey, Adm.

****Regina Pacis Home**
3900 Washington Ave.,
Evansville 47715
Sister Juliana Beuerlein, Adm.

St. John and St. Gertrude Home for the Aged
1236 Lincoln Ave., Evansville
47714
Sister Marie Caroline, Adm.

****Turtle Creek Convalescent Center of Evansville**
4301 Washington Ave.,
Evansville 47715
John Hesse, Adm.

VERMILLION COUNTY

Clinton Nursing Home
700 S. Main St.,
Clinton 47842
Betty June Payton, L.P.N.,
Adm.

The Ivy Haven Home
232 Ash St., Clinton 47842
Lena M. Gruelich, Adm.

Layman Nursing Home, Inc.
432 S. Fifth St., Clinton 47842
Mildred Layman, Adm.

VIGO COUNTY

Allendale Nursing Home
1912 Woodsmall Rd.,
Terre Haute 47802
Lucille McCoskey, L.P.N., Adm.

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute
47807
Margaret L. Cates, Adm.



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NURSING HOMES

Continued

Canterbury Convalescent Centre
500 Maple Ave.,
Terre Haute 47804
William Wells, Adm.

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute 47804
Dale Stein, Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute 47807
Mary C. Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm

****Meadows Manor**
3300 Poplar St., Terre Haute 47803
Guy Belzile, B.A., R.P.T., Adm

Sarah Dowling Home
1016 N. Sixth St., Terre Haute 47807
Daisy Clark, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center, Inc.
120 W. Margaret Ave., Terre Haute 47802
Evelyn Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

WABASH COUNTY

The Estelle Peabody Memorial Home of the United Presbyterian Church, U.S.A., Indiana Synod
Seventh and Buffalo,
North Manchester 46962
William Visser, Adm.

Meriweather Convalescent Home
1720 Alber St., Wabash 46992
Miss Kathryn Duffey, R.N., Adm.

Pleasant View Nursing Home
R. R. 2, Wabash 46992
Mary K. Warner, R.N., Adm.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children
1955 S. Vernon, Wabash 46992
Charlotte Miller, R.N., Adm.

Wabash Nursing Home
1420 Quaker Ave.,
Wabash 46992
Mildred Cassidy, Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Warren County Home
R. R. 1, Williamsport 47993
Jeannette Eaton, Adm.

WARRICK COUNTY

Baker's Rest Haven, Inc.
305 E. North St., Boonville 47601
Viola Baker, Adm.

Medco Center of Chandler
R. R. 2, Chandler 47610
Phillip Roberts, Adm.

****Monticello Manor**
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

WASHINGTON COUNTY

****Williams Convalescent Center, Inc.**
Homer and Anson Sts., Salem 47167
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

WAYNE COUNTY

Echo Trail Nursing Home
Box 174, Centerville 47330
Grace A. Hunt, Adm.

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
Merrill W. Baxter, Adm.

Friendship Home
306 S. 10th St., Richmond 47374
Grace Flatley, Adm.

Glen Aire Nursing Home
2116 E. Main St., Richmond 47374
Eileen Singleton, L.P.N., Adm.

Golden Rule Nursing Home, Inc.
2001 U.S. 27, South
Richmond 47374
Betty Montgomery, L.P.N., Adm.

****Heritage House of Richmond, Inc.**
2070 Chester Blvd., Richmond 47374
Sam M. Simmons, Adm.

Jenkins Hall
N. 10th St., Richmond 47374
Kenneth R. Spoon, Adm.

Mary E. Hill Nursing Home, Inc.
2308 Zoar Ave., Richmond 47374
Mae Mariani, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Bonnie Esta Cole, Adm.

Richmond Nursing Home
2302 N. Chester Blvd.,
Richmond 47374
Alma Louise Suhre, R.N., Adm.

WELLS COUNTY

****Cooper Rest Homes, Inc.**
1509 Fort Wayne Rd.,
Bluffton 46714
John Cooper, Adm.

Davis Bluffton Nursing Home
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center
1529 W. Lancaster St., Bluffton 46714
Bernie Winkle and Donald Cheesman, Adms.

South View Rest Home, Inc.
R. R. 3, Box 306,
Bluffton 46714
Karl Anderson, Adm.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake View Nursing Home
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Turtle Creek Convalescent Centre of Monticello
R. R. 6, Monticello 47960
Rodney Coble, Adm.

WHITLEY COUNTY

Columbia City Nursing Home
522 N. Line St., Columbia City 46725
Louise Daily, R.N., Adm.

Mary Farris Nursing Home
215 E. VanBuren, Columbia City 46725
Mary Farris, Adm.

Meadowbrook Manor (Whitley County Home)
R. R. 1, Columbia City 46725
Waneta Crace, Adm.

Miller's Merry Manor, Inc.
710 W. Ellsworth St., Columbia City 46725
Wallace T. Miller, Jr., Adm.

*Ivy Tech Health Occupation Courses**

St. Joseph Valley Technical Institute

1534 West Sample Street
South Bend, Indiana 46619

Offers courses to prepare:

Licensed Practical Nurses
Medical Office Assistants
Nurse Aides

Mallory Technical Institute

1315 East Washington Street
Indianapolis, Indiana 46204

Offers courses to prepare:

Medical Laboratory Technician
Operating Room Technicians
X-Ray Technologists
Medical Assistants

Tippewa Technical Institute

616 Wabash Ave.
Lafayette, Indiana 47905

Offers courses to prepare:

Licensed Practical Nurses
Medical Laboratory Assistants
Operating Room Technicians
Inhalation Therapy Technicians

Northwest Technical Institute

1440 E. 35th Ave.
Gary, Indiana 46409

Offers courses to prepare:

Licensed Practical Nurses
Medical Assistants

Wabash Valley Technical Institute

R. R. 22, Box 450,
Terre Haute, Indiana 47802

Offers courses to prepare:

Licensed Practical Nurses
Medical Assistants

Whitewater Technical Institute

710 N.W. 5th St.
Richmond, Indiana 47374

Offers courses to prepare:
Medical Laboratory Assistants

White River Valley Technical Institute

646 Franklin St.
Columbus, Indiana 47201

Offers courses to prepare:
Licensed Practical Nurses

* Furnished by the Indiana Vocational Technical College, 333 N. Pennsylvania St., Indianapolis 46204.

Indiana University School of Medicine

1100 W. Michigan Street, Indianapolis 46202
Glenn W. Irwin, Jr., M.D., Indianapolis, Dean

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INDIANA UNIVERSITY MEDICAL CENTER
1100 W. Michigan Street
Indianapolis

Director of Hospitals—Mr. Elton T. Ridley
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Chief Radiologist—Eugene C. Klatte, M.D.

Packaged Disaster Hospitals—Storage Locations

The 40 packaged disaster hospitals in Indiana were placed in their various locations by the U. S. Public Health Service in cooperation with the State Board of Health and the Indiana Department of Civil Defense.

In most cases they are affiliated with a local hospital and the decision to activate the packaged disaster hospital would be made by the medical staff at the hospital in cooperation with other hospitals in the area.

Originally designed for use following a nuclear disaster which would result in a large percentage of existing hospitals being untenantable for a period, the packaged disaster hospitals would not be feasible for use in small, local disasters. However, under certain circumstances, the decision might be made to use the expendable components in existing facilities.

Location	*Hospital No.
Bloomington Geology Building Indiana University	57558
Culver Culver Military Academy Health Center Building	57301
Decatur City Garage Park & Third Streets	62273
Donaldson Convent Ancilla Domini Main Building	62348
Fort Wayne U. S. Court House & Post Office 1300 S. Harrison Street	62434
Frankfort Frankfort Jr. H. S. (Stone Building) East Walnut Street	57300
Gary Relocation of Government & Civil Defense Training Center 2702 West 35th Street	62345
Henryville Clark State Forest Maintenance Building	56007, 56008
Huntington Huntington Water Filtration Plant Engel Street	62446
Kendallville Civil Defense Building 200 Block, West Vine St.	57556
Kokomo Howard County Civil Defense 627 S. Berkley Road	55247
Lebanon Boone County Jail 210 N. Meridian St.	57550
Logansport Logansport State Hospital "R" and "S" Building	57548, 57549
Lynn City Library Building North Main St.	57322
Madison Madison State Hospital Men's Industrial Building	57547, 62445
Marion Upper Barn, Building 69 V.A. Hospital 38th & Lincoln Blvd.	62438
Michigan City Naval Armory	62423
Monticello Lakeview Home Rural Route 6	57308
Mt. Vernon Posey County Home R. R. 4, Box 211	55248
Muncie Noyer Residence Hall Ball State University	62271
Goshen Rensberger Elem. School	62274
New Albany City-Co. Bldg. & Federal Building	62352
New Castle New Castle State Hospital P. O. Box 34	57551
Peru Court House	55373
Pleasant Lake Pleasant Lake School State Road 727	57557
Portland City Water Works South Wayne Street	62347
Shelbyville U. S. Post Office East Broadway	9999-010-0384
South Bend North Pumping Station 830 North Michigan Street	62272
Terre Haute Vigo County Home 3500 East Maple Avenue	57295
Tipton Old Elec. Utility Bldg. & Tipton High School (R. R. 1)	55369
Valparaiso Porter County Storage Building Rural Route 6	62437
Vincennes Old Sewage Treatment Plant Rural Route 2, Box 268	55222
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 1 "D" Building	57568
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 2 "D" Building	57569
Michigan City Walters Hospital, Inc. 3714 South Franklin Street	9999-010-0352
Greensburg Old National Guard Armory North & Lincoln Streets	9999-010-1621
Lafayette St. Elizabeth Hospital 1501 Hartford Street	9999-010-1622

TRAINING HOSPITALS

Indianapolis
Marion County Civil Defense
Poseyville
Posey County Civil Defense ◄

* First two digits of Hospital No. refer to Year Model. Last three digits constitute Serial Number. Eleven digit number indicates a new, "10,000 Series" unit.

Poison Control Centers in Indiana

and Adjacent States

***** ATTENTION: Physicians, Hospitals and Poison Control Centers.**

Since July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, has been the principal INFORMATION CENTER for the State of Indiana replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	643-3391, Ext. 82 or 35	William L. Stephens
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Irene Kenyon, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	BRowning 5-3331, Ext. 32	Marshall S. Wallner
East Chicago	St. Catherine Hospital 4321 Fir Street	EXport 7-3080	Jack M. Troy, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	JAckson 3-5350, Ext. 224	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	HArrison 4-8011, Ext. 247	Edward J. Wolfgang
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	GReenleaf 7-1541, Ext. 328	Kenneth Wilhelmus, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	HArrison 3-3103 Ext. 336, 337	Charles L. Warner, M.D.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	743-7341, Ext. 530	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	ANthony 4121, Ext. 2663	Miss Angeline Holbrook, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Glen T. Dresher, R. N.

City	Name and Address	Telephone	Director
Goshen	Goshen General Hospital 200 High Park Avenue	KEystone 3-2141 (Emergency Room)	Willard S. Krabill, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	WEstmore 2-2300, Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	WAlnut 4-6411, Ext. 752, 753 or 754	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove, Indiana	STate 7-3311	H. N. Grimes, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain	GL 7-6611, Ext. 233, 234	Don E. Gillaspy
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	SH 2-0221, Ext. 313 or 317	Sister M. Josita
West Lafayette	Purdue University Student Health Center	92-2446 Ext. 54	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R. R. #1	463-2144	Merle V. Rawson
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	LEbanon 143 or 2447, Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Verlie Blanc, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	NOrth 4-1228, Ext. 44	R. W. Schroeder, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	BLackburn 9-1431	Abner H. Levkoff, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Junia L. Rice, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	Forrest E. Keeling, M.D.
Richmond	Reid Memorial Hospital Spring Grove	25481, Ext. 222	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	EX 8-6661	Carolyn Rosenfeld, R.N.

* Poison Information and Treatment Center.

City	Name and Address	Telephone	Director
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041, Ext. 258	William B. Frey, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	CEntral 4-2151	Leslie M. Bodnar, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	CRawford 0361, Ext. 229	Joseph P. Gillotte, M.D.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	OSburn 5-7411	George L. Compton, M.D.

ADJACENT STATES

ILLINOIS

City	Name and Address	Telephone	Director
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	SEeley 8-4411, Ext. 2322	Joseph Christian, M.D.

KENTUCKY

Louisville	Poison Control Center Department of Pediatrics 323 E. Chestnut St.	JUniper 2-1831	Thomas A. Courtenay, M.D.

MISSOURI

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	MOhawk 4-7222, Ext. 216	Vincent J. LoPiccolo, M.D.
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	FOrest 7-6880	J. Neal Middlekamp, M.D.

OHIO

Cincinnati	*Poison Control Center Cincinnati Academy of Medicine 320 Broadway	721-2345	John A. Williams, M.D.
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	CLearbrook 8-9783	Phillip Ambuel, M.D.

* Informational services only

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Travelers vaccinated in the United States require only one dose of cholera vaccine (dose number one in table at right) and should receive the second dose only if they will be traveling or working in areas where cholera is epidemic or endemic and sanitation is less than adequate.	Dose Number / Age (years) Under 5 / 5-10 / Over 10: 1 — 0.1 ml / 0.3 ml / 0.5 ml; 2 — 0.3 ml / 0.5 ml / 1.0 ml	Active	6 months	Should be given every six months as long as likelihood of exposure exists. Same volume as dose number two of primary series.
Diphtheria	Diphtheria Antitoxin	All early cases	Intravenous preferred. Warning: Test for sensitivity to horse serum. Dosage dependent on degree of toxicity rather than age and weight. 20,000 units to 120,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria toxoid (alum precipitated or aluminun phosphate adsorbed, for adult use, 2 Lf of antigen).	Children older than 6 years and adults. Use only when there are definite contraindications to other components of combined antigen.	Two intramusuclar injections of 0.5 cc. each, four to six weeks apart and third dose one year later.	Active	Indefinite	0.5 cc. every 10 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children two months through six years.	(1) First dose of 0.5 cc. deep intramuscularly —follow injection with 0.1-0.2 cc. air. Given 2-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) Reinforcing dose one year after third dose.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 3-6 years. (Preferably at time of school entrance—kindergarten or elementary school.)

Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed. (For adult use, Td, 2Lf of diphtheria toxoid)	Children over 6 years and adults	Primary immunization. (1) First dose of 0.5 cc. IM or subcu (2) Second dose of 0.5 cc. IM or subcu 4-6 weeks later. (3) Reinforcing dose one year after (2)	Active	Indefinite	Diphtheria Tetanus (Td) booster every 10 years.
Hepatitis, Infectious (Epidemic)	**Immune Serum Globulin (Gamma Globulin)**	**All exposed in household, institution, etc.**	**Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.**	**Passive**	**Brief**	**Repeat each exposure.**
Influenza	Polyvalent Vaccine (Subject to annual changes in recommendations late summer or fall)	Persons with chronic debilitating disease of heart and lungs and those with chronic metabolic disorders, especially diabetes mellitus. Consider for all older age persons, especially those with incipient or potentially chronic heart or lung disease.	Two doses subcutaneously 6 to 8 weeks apart	Active	Short: 4-6 months	One dose annually as long as antigenic strain of recommended vaccine remains unchanged. Change in antigenic strain necessitates primary series.
Measles	(1) Live, Attenuated Vaccine (with or without Measles Immune Globulin) (2) Live, "Further Attenuated" Vaccine	12 months and older	Single dose subcutaneously	Active	Greater than seven years. May be lifelong.	Not known at present
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	One dose subcutaneously	Active	Three years known—probably much longer	Not known at present
Meningococcic Meningitis	**Sulfadiazine** (When epidemic strain is sulfonamide sensitive.)	**Control of exposed persons in community groups** **Children up to 11 yrs.**	**0.5 m. twice daily for 2 days.**	**None** **Chemical prophylaxis only**	**Very brief—for one exposure only.**	**Repeat following each exposure.**
		Adults (and children 12 yrs. or over)	**1.0 gm. twice daily for 2 days.**			
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Pertussis	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	.4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate.	Dose No. / Age (years): Under 1 year: 1: 0.1 ml; 2: 0.1 ml; 3: 0.04 ml. 1-4: 1: 0.2 ml; 2: 0.2 ml; 3: 0.08 ml. 5-10: 1: 0.3 ml; 2: 0.3 ml; 3: 0.12 ml. Over 10: 1: 0.5 ml; 2: 0.5 ml; 3: 0.2 ml	Active	Partial protection for period of 4-6 mos.	Every 6-12 months as long as risk of exposure persists. Same volume as third dose of primary series.
Poliomyelitis*	Poliomyelitis (Salk) Vaccine	All Ages	Four parenteral doses; three at 1 month intervals; fourth 6-12 mo. after #3	Active	Not known (Salk has demonstrated adequate antibodies present after 8 years)	1 cc every 2-3 years Need for boosters obviated by full course of Oral Polio Vaccine
	Poliomyelitis trivalent oral (Sabin)	Infants Children Adults	First dose 6-12 weeks, 2nd dose 8 weeks later 3rd dose 8-12 months after 2nd. Children, two doses 6-8 wks apart; third dose 8-12 months after second. Not necessary in U.S. but if at risk may be immunized as are children.	Active	Thought to be permanent	1 dose trivalent on entering school.
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	If full course is completed, give booster 10th and 20th day after last dose vaccine.

Rabies (Cont.)		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
		Bat bites and exposure to bats	Hyperimmune serum, then start treatment with Rabies Vaccine immediately without waiting for laboratory report. Bats are only animals known to occasionally survive rabies and remain carriers.			Booster 10th and 20th day after last dose vaccine.
Rubella	Live virus vaccine	All children ages 1-12 yrs.	1 dose subcutaneously	Active	At least 5 yrs—Long term protection likely	Not known at present
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Travelers to and from countries where smallpox is still endemic and for all health services personnel who come into contact with patients. Other children and adults at discretion of attending physician.	Multiple pressure, jet injection, or other techniques shown to be equally effective in assuring takes.	Active	3-10 years	Foreign travel — every 3 years. Health services personnel — every 3 years. All other — every 10 years at discretion of attending physician.
Tetanus	Tetanus Immune Globulin (Human) (TIG)	Unimmunized persons, especially those with crushing injuries, burns, or penetrating wounds; also, for persons seen more than 24 hours after tetanus-prone injury who have had no tetanus toxoid for many years.	Adults: 250 units IM for wounds of average severity, up to 500 units for very severe wounds; children: 4 units per kilogram body weight.	Passive	21 days	Must repeat with each injury. Immunization with tetanus toxoid obviates need for further TIG.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Tetanus	Tetanus Antitoxin Use only if Tetanus Immune Globulin (Human) is unavailable.	All cases of puncture wounds and animal bites when person has not been immunized or more than 5 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 3000-10,000 units anti-toxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
Tetanus	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	Hypersensitivity to other components of DTP and Td.	Two doses, each 0.5 cc. given intramuscularly, not less than four weeks apart followed a reinforcing injection 8-12 months later.	Active	Extremely long lasting	Every 10 years
Typhoid Fever	Typhoid Vaccine	Exposure to a carrier in a household; outbreaks of typhoid fever in a community; travel to areas where typhoid fever is endemic.	Adults and children over 10 years old: 0.5 ml subcutaneously on two occasions, separated by 4 or more weeks. Children less than 10 years old: 0.25 ml subcutaneously on two occasions, separated by 4 or more weeks. If more rapid immunization is required, 3 doses of the same volume listed above may be given at weekly intervals but this schedule may be less effective.	Active	Indefinite — at least 3 yrs.	Every one to three years under conditions of continued or repeated exposure. Adults and children over 10 years old: 0.5 ml subcutaneously or 0.1 ml intradermally. Children 6 mo. to 10 yrs: 0.25 ml subcutaneously or 0.1 ml intradermally
Typhus Fever	Typhus Fever Vaccine	Not required for travellers to any part of the world. Suggested for persons living or working in close contact with certain indigenous populations in remote areas of South America, Africa and Asia.	Adults Two doses, each 0.5 cc. at intervals of 4 or more weeks given subcutaneously. Allergy to egg or chicken protein only contraindication. Children under 10 years: one half of adult dose.	Active	Relative 6-12 months as long as opportunity for exposure exists	Adults Routine every 6-12 months or whenever threat of outbreak occurs. Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given. Children's dose—same as adult.	Active	Every 10 years	Every 10 years repeat immunization.

* While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are:

Fort Wayne
Board of Public Health
337 East Wayne St. 46802
Ph. 219—742-9302
Wednesday 11:00 a.m. - 12:00 noon
Fee: Yes

Indianapolis
Indiana University
1100 West Michigan St. 46202
Ph. 317—639-8123
Friday, a.m.
Fee: Yes

Elkhart
County Health Unit
313 N. Second St. 46514
Ph. 219—294-2225
First & 3rd Wednesday 2 p.m.
Fee: Yes

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Division of Communicable Disease Control
Indiana State Board of Health

Deaths of Indiana Physicians in 1971

(M) Member ISMA, (S) Senior Member, (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Jones, George L. (M)	64	Jan. 4	Wanamaker	Myocardial infarction; coronary heart disease
Bibler, Henry E. (S)	76	Jan. 5	Muncie	Cerebral thrombosis; cerebral arteriosclerosis.
Bond, Walter C. (S)	75	Jan. 5	Clay City	Myocardial infarction; coronary sclerosis.
Jessup, Parke M.	72	Jan. 5	Westfield	Acute coronary.
Johnston, Sturgis E.	63	Jan. 7	LaPorte	Carcinoma of pancreas.
Olivella, Jose Ramirez	79	Jan. 14	Mishawaka	Pulmonary emphysema.
Sweet, Howard E. (M)	61	Jan. 23	Richmond	Acute cor pulmonale; pulmonary emphysema with subacute bronchitis.
Greene, Fredrick Gilbert (S)	88	Jan. 24	Seelyville	Coronary thrombosis; chronic cardiovascular renal disease.
Aiken, Milo M. (M)	67	Jan. 25	Plainfield	Cerebral vascular accident intracranial aneurysm.
Gitlin, Max M. (S)	71	Jan. 26	Bluffton	Cardiac failure; arteriosclerotic heart disease.
Galbreath, Jesse P. (R)	93	Feb. 1	Burnettsville	Arteriosclerotic cardiovascular renal disease with decompensation
Reed, Nelle C. (S)	85	Feb. 5	Michigan City	Carcinoma of pancreas.
Keever, Charles H. (S)	74	Feb. 7	Indianapolis	Cardiac decompensation; arteriosclerotic heart disease
Wurster, Herbert C., Sr. (S)	69	Feb. 8	Mishawaka	Acute myelomonocytic leukemia.
Kaufman, Lillie S. (R)	71	Feb. 13	Goshen	Intravascular coagulation; B gram negative septicemia.
Crimm, Paul D. (S)	77	Feb. 18	Evansville	Degenerative heart disease; arteriosclerosis; pancreatic abscess; diabetes mellitus; emphysema; nephrolithiolis and cysts of kidneys.
Boyle, Harry H.	73	Feb. 23	Munster	Carcinoma of gallbladder and metastasis.
Byrn, Howard W. (S)	84	Feb. 28	San Pierre	Myocardial infarction; arteriosclerotic heart disease.
Bergendahl, Emil H. (M)	49	Mar. 4	Fort Wayne	
Rubin, Milton M. (M)	65	Mar. 4	Terre Haute	Acute coronary thrombosis; arteriosclerotic heart disease
Hisrich, Lloyd Willard (M)	60	Mar. 7	Batesville	Coronary occlusion
Green, Myron H.	53	Mar. 12	Indianapolis (formerly)	
Opdyke, Charles E.	36	Mar. 15	Indianapolis	Metastatic hypernephroma; hypernephroma.
Nugen, Harold (M)	69	Mar. 18	Auburn	Respiratory failure; overdose of morphine; acute depression.
Wickstrom, Otto W., Sr. (M)	68	Mar. 20	Columbus	Arteriosclerotic heart disease due to congestive heart failure due to post necrotic cirrhosis.
Hart, L. Paul (M)	60	Mar. 20	Evansville	Acute myocardial infarction; severe coronary heart disease; severe coronary atherosclerosis.

Name	Age	Date of Death	Address	Cause of Death
Vore, Louring W. (M)	70	Mar. 23	Plymouth	Acute myelomonocytic leukemia.
Herd, Cloyn R. (M)	70	Mar. 26	Peru	Cerebral vascular accident; cerebral arteriosclerosis
Torian, Oscar Noel (R)	95	Mar. 29	Indianapolis (formerly)	Stroke.
Shapiro, Lydia	60	Apr. 4	Fort Wayne	Acute coronary occlusion; coronary disease.
Richter, Richard B.	69	Apr. 6	LaPorte	Anemia; carcinoma of urinary bladder with generalized metastases.
Knotts, Halleck S. (M)	52	Apr. 8	Columbus	Dissecting aneurysm of thoracic aorta with mediastinal and pleural and pericardial hemorrhage.
Reed, William C.	76	Apr. 11	Bloomington (formerly)	
Larson, Goyt O. (M)	67	Apr. 15	LaPorte	Coronary with myocardial infarction.
Byrne, Louis (M)	40	Apr. 17	Bloomington	Injuries received in plane crash
Holland, Charles E.	62	Apr. 17	Knightstown	Acute cardiac arrythmia; arteriosclerotic heart disease, severe.
Robinson, Frank Clyde	91	Apr. 19	Indianapolis (formerly)	
Johnston, Robert G. (S)	84	Apr. 24	Huntington	Bilateral hypostatic pneumonia; fracture of right hip.
Ericksen, Lester C. (S)	71	Apr. 24	South Bend	Cerebral thrombosis.
Colip, George D. (M)	59	May 4	South Bend	Carcinoma of colon with metastases to liver, lung and mandible
Mitchell, Raymond (R)	77	May 8	Indianapolis (formerly)	
Nay, Ernest Omar (S)	78	May 11	Terre Haute	Coronary artery disease with myocardial damage and trifacicular block; congestive failure; myasthenia gravis
Haggard, Edmund B. (S)	72	May 11	Indianapolis	Bronchiogenic carcinoma with metastasis to supraclavicular node
Close, Walter Donald (M)	63	May 14	Indianapolis	Acute myocardial infarction; arteriosclerotic heart disease.
Watterson, Gerald T. (M)	64	May 15	Connersville	Myocardial failure; pulmonary edema; diabetes and arteriosclerosis.
Beebe, Milton Omar, Jr. (M)	57	June 14	Rockville	Injuries received in auto accident
Gholz, Lawrence M. (M)	51	June 17	Anderson	Lymphosarcoma, metastatic
Regan, George L. (M)	62	June 22	Sellersburg	Myocardial infarction; arteriosclerotic heart disease.
Scharborough, William D. (M)	56	July 22	Ewing	Cardio-respiratory arrest
Zeps, Elsie (M)	56	July 25	New Castle	Hepato renal failure; phenothiazine congestion
Speer, Thomas	42	July 28	Gary	
Oak, David Sr. (S)	88	July 29	LaCrosse	Uremia with progressive cardiac failure; arteriosclerosis generalized with arteriosclerotic heart disease; diabetes mellitus
Hardtke, Eldred Frederick (M)	57	July 30	Bloomington	
Jones, Eli Sherman (Jack) (S)	81	July 30	Hammond	Bilateral bronchopneumonia; staph enteritis; arteriosclerosis coronary artery.
Modjeski, Joseph Richard (M)	58	Aug. 22	Griffith	
Hamer, Homer G. (S)	91	Aug. 30	Indianapolis	Cerebral vascular disease; arteriosclerosis generalized; myeloid metaplasia
Marshall, Cavins R. (S)	84	Aug. 31	Indianapolis	Bronchopneumonia; pulmonary emphysema

Name	Age	Date of Death	Address	Cause of Death
Warner, Charles Lloyd (M)	50	Sept. 1	Evansville	
Viehe, Robert W. (S)	87	Sept. 3	Evansville	Arteriosclerotic heart disease; chronic bronchitis; pulmonary emphysema
Mott, Cassell A. (S)	77	Sept. 4	South Bend	Pneumonia; cardiovascular accident; thrombosis secondary to arteriosclerotic cardiovascular disease
Borough, Lester (M)	57	Sept. 24	South Bend	Multiple myeloma
Alexander, Ezra Sr. (S)	80	Sept. 29	Indianapolis	Bronchopneumonia; hypertensive heart disease; diabetes mellitus
Prentiss, Nelson H. (S)	73	Oct. 2	Fort Wayne (formerly)	
Wynegar, David E. (M)	71	Oct. 18	Richmond	Myocardial infarct; arteriosclerotic heart disease
Harris, Robert F. (M)	68	Oct. 6	Noblesville	Dissection of aorta; atherosclerosis; aortic insufficiency; renal failure
Gregoline, Amadeo F. (M)	68	Oct. 6	Gary	Myocardial infarction; arteriosclerosis
Woollen, Herbert M. (R)	95	Oct. 19	Indianapolis	Arteriosclerosis
Markle, Joseph (M)	58	Oct. 27	Hobart	Gunshot wound of head, self-inflicted
McBride, James S. (S)	78	Nov. 7	Indianapolis	Carcinoma — esophagus
Burnett, Paul C. (M)	65	Nov. 8	Logansport	Accident, carbon monoxide poisoning; motor car running in closed garage; myocarditis and emphysema
Meyer, Hans (M)	71	Nov. 3	Michigan City	Myocardial infarction; arteriosclerotic heart disease
Salb, Leo A. (S)	85	Nov. 13	Jasper	Acute congestive failure; arteriosclerotic heart disaese
Cameron, Mary Helen	53	Nov. 19	Hamilton	Bronchial asthma
Treon, James F. (S)	91	Nov. 20	Aurora	Myocardial insufficiency; arteriosclerotic heart disease
Scherschel, John Kent (M)	28	Nov. 27	Muncie (formerly)	
Carlo, Ernest P. (S)	79	Dec. 3	Fort Wayne	Massive pleural effusion; lobar pneumonia; bronchogenic carcinoma
Heard, Albert (S)	72	Dec. 5	Evansville	Myocardial infarction
Solomon, Reuben A. (S)	78	Dec. 11	Indianapolis	Respiratory arrest; carcinomatosis
Johnson, Lonnie Baxter (S)	78	Dec. 9	Gary	Carcinoma of prostate with metastases to lungs, ribs, liver and pelvis
Bond, George S. (S)	87	Dec. 25	Indianapolis	Carcinoma of pancreas

Presidents of ISMA Since Its Organization

Medical Association	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffet (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	----
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortsville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951

* Deceased.

* Deceased.

Medical Association	Elected	Served
*J. William Wright, Indianapolis	1950	1952
*Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
*Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock, Fort Wayne	1961	1963
Donald E. Wood, Indianapolis	1962	1964
Joseph M. Black, Seymour	1963	1965
Kenneth O. Neumann, Lafayette	1964	1966
Eugene S. Rifner, Van Buren	1965	1967
*G. O. Larson, LaPorte	1966	1968
Patrick J. V. Corcoran, Evansville	1967	1969
Lowell H. Steen, Hammond	1968	1970
Malcolm O. Scamahorn, Pittsboro	1969	1971

* Deceased.

Constitution and Bylaws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members, Honorary Members and Disabled Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Interns and Residents.* Interns and Residents who hold membership in the Indiana State Medical Association shall have all the rights and privileges of this Association except the right to hold office and to vote.

Sec. 4.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 5.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 6.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 7.—*Disabled Members.*—Disabled members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continue to reside in the state of Indiana. Proof of permanent disability shall be by notification to the secretary of the Association by the secretary of the county medical society in which such permanently disabled physician holds membership.

Sec. 8.—*Rights and Privileges of Members*—Active members, senior members and disabled members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXXIII of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

e. All such disabled members, as defined above, shall receive association membership cards and The Journal of the Association without charge.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies;

(2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Assocation. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. A majority of elected trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President upon receipt of a petition signed by 30 delegates or 100 members. The signed petition shall contain the names of at least 10 delegates or 34 members from each of at least three Board districts. Upon receipt by the President of such a petition, the President shall within 30 days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and the Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee(s) or alternate Trustee(s) by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect alternate Trustee(s) whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.

2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-

elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society within the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected may be collected by the Indiana State Medical Association or by the component county societies in connection with the dues for such component societies. The amount of dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BYLAWS

CHAPTER I—MEMBERSHIP

Sec. 1.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine, Bachelor of Medicine, or who hold an unrestricted license to practice medicine and surgery.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State

Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association for such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

Sec. 5.—Any of the component member county societies wishing to invite the Indiana State Medical Association to hold its annual meeting in its locality shall submit an invitation in writing at least five years in advance to the Board of Trustees. The Board of Trustees shall make an investigation of the facilities and in turn recommend the location of the annual meetings for concurrence by the House.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.

b. Internal Medicine.

c. Eye, Ear, Nose, and Throat.

d. Anesthesia.

e. General Practice.

f. Obstetrics and Gynecology.

g. Preventive Medicine and Public Health

h. Radiology.

i. Nervous and Mental Diseases.

j. Pathology and Forensic Medicine.

k. Pediatrics.

l. Directors of Medical Education.

m. Cutaneous Medicine.

n. College Health Physicians

o. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing

year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county. Two delegates are to be selected by the Indiana Chapter Student American Medical Association who shall be seated though without power to vote.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5.—Proposals calling for appropriations of funds by the House of Delegates shall be submitted to the Executive Committee and the Board for their recommendation before final action of the House.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reason why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termnation of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, ..., solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Assocation and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peace-

maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7—The Board shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for country societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or if the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Committee on Sports and Medicine
The Committee of Medicine and Religion
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health

The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging
The Commission on Emergency Medical Services
The Commission on Specialty Medicine

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Except when otherwise stated in the Bylaws, a committee shall consist of not less than five nor more than nine members and shall be appointed annually by the President. The President shall also appoint the chairman and the vice-chairman of each committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, tion or otherwise. The President shall also appoint the chairman and the vice-chairman of each commission.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expeditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual bud-

get, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Trustee of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keeping minutes of all

transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI—THE COMMISSION ON EMERGENCY MEDICAL SERVICES

Sec. 1.—The Commission on Emergency Medical Services constituted as provided herein shall have as its purpose the survey, planning and evaluation of emergency medical services to insure that the medical profession will guide and influence the services for the greatest benefit and protection of the public.

CHAPTER XXVII—THE COMMITTEE ON SPORTS AND MEDICINE

CHAPTER XXVIII—THE COMMITTEE ON MEDICINE AND RELIGION

CHAPTER XXIX—THE COMMISSION ON SPECIALTY MEDICINE

CHAPTER XXX—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred, at least one of which shall be organized for the sole purpose of studying the addresses of the president; president-elect; report of the executive secretary; and chairman of the Board of Trustees. This committee shall be mandated to translate recommendations made by these officers through resolutions for presentation to the House.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference committees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXXI—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine, a degree of Bachelor of Medicine or who holds a valid, unrestricted license to practice medicine and surgery, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other in-

formation as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

Unless collected by the Indiana State Medical Association, the secretary of each component society shall forward the dues for his society to the Executive Secretary of this Association and shall furnish the State Association Headquarters with a roster of officers, members and a listing of non-affiliated physicians of the county, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first six months of any year shall pay the regular annual dues for that year; and those elected to their first membership after July 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXXII—TRUSTEE DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White, Newton and Jasper Counties.

Tenth District—Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary and a treasurer and Trustee(s) and Alternate Trustee(s) as the current Trustee(s) term and Alternate Trustee(s) term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee(s) shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—Each district society shall have one Trustee and one Alternate Trustee for each 600 active members or major fraction thereof but in any event each district shall have one Trustee and one Alternate Trustee. The term of each trusteeship newly created by the numerical growth of a district shall begin at the organization meeting of the Board immediately following the adjournment of the second meeting of the House of Delegates at the next annual meeting, in accordance with Chapter VII, Section 1.

Sec. 6.—The dues of the district society, in an amount fixed by the district society to meet the society needs, shall be collected by the secretaries of the component county societies, or by the Indiana State Medical Association and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the Indiana State Medical Association the names and addresses of the members of his district society, together with a copy of the minutes of each meeting of his district society.

Sec. 7.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 8.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 9.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 10.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

Any member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) may serve an unlimited number of three year terms as approved by his constituent county medical societies. The Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) should prepare a list of needed qualifications for nomination to this office.

CHAPTER XXXIII—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as prescribed in the current edition of Sturgis Standard Code of Parliamentary Procedure, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXXIV—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presensation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXV—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXVI—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXVII—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

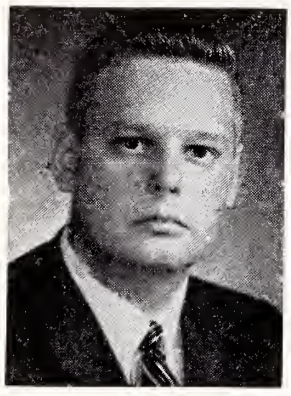
"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law Schaal, specializing in taxatian, business associatians and estate planning. Professar Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

A recent tax case that involved a Hoosier couple should be of interest to all Hoosier husbands and wives who work together in businesses. The case involved the question of whether any part of various farms (and the personal property on the farms) owned by the couple when the husband died could be excluded from the husband's gross estate, for federal estate tax purposes, where the titles to the farms were held by the couple as tenants by the entireties. The court held that one-half the value of the property could be so excluded, because the wife's services represented "an adequate and full consideration in money or money's worth"—which is required in order to exclude property from a decedent's gross estate by I.R.C. sec. 2040. That is, the wife's services represented adequate consideration toward the acquisition of the property for estate tax purposes.

Briefly, the facts of the case were that the husband and wife purchased the farms by borrowing the purchase prices and paid off the mortgage debts with the income from the farms. Both the husband and wife operated the farms, and the wife cared for the livestock, supervised the egg production, helped to sell farm property and, in general, supervised the couple's financial business. Thus, the wife's services were "money's worth" for the production of the joint income that was used to acquire the farm property. See *Estate of Everett Otte*, T. C. Memo 1972-76, CCH Dec. 31, 319(m).

Obviously, a wife does not have to feed chickens in order to come within the scope of this rule. That is, the rule applies to doctor-nurse, businessman-secretary, accountant-bookkeeper, and other husband-wife working teams—and it is a significant estate planning, estate splitting device.

The leading presidential candidates for the Democratic party (Humphrey, McGovern, Muskie, and Wallace) all are proposing and demanding significant tax reform measures. For example, they want, in general: the higher-bracket income taxpayers to pay more income taxes; the oil depletion deduction to be severely restricted; ADR depreciation and DISC provisions to be repealed; limitations to be imposed on F.I.C.A. taxes; and, income taxation of appreciation on property transferred at death.

While your 1971 federal income tax return is handy, you might compare your 1971 income tax deductions for the items in the table below to the average amounts deducted by individuals on their 1970 federal income tax returns.

The I.R.S. has just undated and released a former pronouncement that will affect many large corporations and small corporations (including professional corporations) that are *not* treated under Subchapter S of the Internal Revenue Code of 1954. This release provides that where a corporate taxpayer (with a taxable year ending on or after June 30, 1971) permits its earnings and profits to accumulate *for that year*, such accumulations will not be subject to the accumulated earnings tax (of I.R.C. section 531) *for that year*, to the extent that such accumulations could not be distributed as dividends to the corporation's shareholders without violating:

1. The Cost of Living Council's dividend guidelines of September 4, 1971; or,
2. The Committee on Interest and Dividends' guidelines of October 15, 1971.

Therefore, corporations should have their lawyers review the corporations' financial reports in order to determine whether such guidelines prevent the corporations from paying dividends, and, to the extent that such guidelines do *not* prevent such dividends, then, to determine whether the corporations have any accumulated earnings tax problems. See T.I.R. No. Proc. 72-11. ◄

Adjusted Gross Income in Thousands of Dollars

	$5-6	$6-7	$7-8	$8-9	$9-10	$10-15	$15-20	$20-25	$25-30	$30-50	$50-100	$100up
Taxes	$423	$470	$536	$598	$671	$857	$1,176	$1,548	$1,944	$2,615	$4,581	$13,068
Interest	382	438	544	600	666	783	966	1,181	1,436	1,900	3,376	11,832
Contributions	228	218	241	260	275	312	415	557	694	1,007	2,186	13,553
Medical expense	373	405	406	348	318	325	325	358	432	490	681	1,146

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